

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90179 016 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99 000004891

1. Entity Name

FARREN STEELE PROPERTIES LLC

30058710

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1498 SW 10TH ST
Suite, Apt. #, etc.

3. Mailing Address

1498 SW 10TH ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

Applied For

☒ Not Applicable

Zip 33486 Country USA

Zip 33486 Country USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name FARREN WARD

Street Address (P.O. Box Number is Not Acceptable)

1498 SW 10TH ST

City BOCA RATON

FL

Zip Code 33486

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

WARD FARREN

4/18/03

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGR</u> <u>FARREN WARD</u> <u>1498 SW 10TH ST</u> <u>BOCA RATON FL 33486</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGR</u> <u>FARREN VALERIE</u> <u>1498 SW 10TH ST</u> <u>BOCA RATON FL 33486</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGR</u> <u>STEELE DEBORAH J</u> <u>276 NW 69TH ST</u> <u>BOCA RATON FL 33487</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGR</u> <u>STEELE GORDAN</u> <u>276 NW 69TH ST</u> <u>BOCA RATON FL 33487</u>
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

WARD FARREN

WARD FARREN

4/18/03

(561) 756 0147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)