

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005883

1. Entity Name

ROSENBERG & ROSENBERG, ATTORNEYS AT LAW, L.L.C.

Principal Place of Business

600 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901

Mailing Address

600 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ROSENBERG, PRISCILLA E
ROSENBERG & ROSENBERG, ATTORNEYS AT LAW
600 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ROSENBERG, PRISCILLA E
STREET ADDRESS 4172 SPARROW HAWK ROAD
CITY-ST-ZIP MELBOURNE FL 32934

TITLE MGRM ☐ Delete
NAME ROSENBERG, ALAN MARK
STREET ADDRESS 4172 SPARROW HAWK ROAD
CITY-ST-ZIP MELBOURNE FL 32934

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91552 032 ****50.00

040520



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3598998** ☐ Applied For
☐ Not Applicable

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

0004123

CR2E083 (9/01)