

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90047 018 ****50.00

DOCUMENT # L99000005883

1. Entity Name
ROSENBERG & ROSENBERG, ATTORNEYS AT LAW, L.L.C.



Principal Place of Business

311 SIXTH AVENUE
INDIALANTIC FL 32903

Mailing Address

311 SIXTH AVENUE
INDIALANTIC FL 32903

60019433



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3598998**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE **MGRM** ☒ Change ☐ Addition
NAME **ROSENBERG, PRISCILLA E**
STREET ADDRESS **2700 CROTON ROAD BLDG 6 APT 14**
CITY-ST-ZIP **MELBOURNE FL 32935**

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

TITLE **MGRM** ☒ Change ☐ Addition
NAME **ROSENBERG, ALAN MARK**
STREET ADDRESS **1028 LEEWARD PLACE APT 4-1**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

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

Date

Daytime Phone #

1/27/03 321-728-8700

CR2E083 (10/02)