2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900006007

M.D. WOODRIDGE, LLC



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90081 022 ****50.00

					100	ILES					
Principal Place	e of Business	3	Mailing Address	Mailing Address							
1601 BELVEDERE ROAD			STE #407 SOUTH 1601 BELVEDERE ROAD WEST PALM BEACH FL 3				1814 818 18116 1814 BRILL 88111	18 111 88 111 88 111		13i 1 11 i 1 15 i	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Nun	nber 65-094974 9	•	<u> </u>	plied For t Applicable	
Zip	Country		Zip	Zip Country		5. Certifica	5. Certificate of Status Desired \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name a	nd Address of New Re	gistered A	gent		
	CO DAIII	•			Name			_			
MAPES, PAUL STE #407 SOUTH 1601 BELVEDERE ROAD					Street Address (P.O. Box Number is Not Acceptable)						
WEST PALM BEACH FL 33406				-			•				
					City			FL	Zip Code	•	
	named entity ons of regist		or the purpose of changing it	ts register	ed office or	registered agent, or	both, in the State of Flor	ida. I am fa	miliar with,	and accept	
SIGNATURE _	Signature, typed	or printed name of registered agent	t and title if applicable. (NC	OTE: Register	ed Agent signatur	re required when reinstating)		DATE			
			Make Check Paya	ble to F	FEE IS \$5 orida Dep ay 1, 2003	artment of State	:			}	
9.		MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS		7 SOUTH, 1601 BELVI	☐ Delete	II -	AE EET ADDRESS			·	☐ Change	Addition	
CITY-ST-ZIP	WEST PA	ALM BEACH FL			Y-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME			☐ Delete	TITI NAM					C Guange	Addition	
STREET ADDRESS				STR	EET ADDRESS					}	
City-St-Zip				CIT	Y-ST-ZIP						
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NAME				NAM	1					Ì	
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TITLE			☐ Delete	TITU	1				Change	☐ Addition	
NAME STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP						
TITLE			Delete	TITL	.E				☐ Change	Addition	
NAME				NAA	AE				-		
STREET ADORESS	!				EET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP					4 11	
44 Ibasabus	and the short the	a information according wit	th this filing does not qualify t	or the eve	amotion etate	ed in Section 119 07	(3vi) Florida Statutes I.	turther certi	n/ that the ir	normation	

nereby 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.

561-689-6601 Daytime Phone #