

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90017 009 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007145

1. Entity Name

DORNIER LITHO OF FLORIDA, L.L.C.

Principal Place of Business

**11443 KEY DEER CIRCLE
LAKE WORTH FL 33467**

Mailing Address

**11443 KEY DEER CIRCLE
LAKE WORTH FL 33467**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3606454

Applied For

Not Applicable

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

**FIELDSTONE, RONALD
201 ALHAMBRA CIRCLE, STE. 601
CORAL GABLES FL 33134**

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 and printed name of registered agent and fee 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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, #601
CORAL GABLES FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Van Houten, Susan
11443 Key Deer Cir
Lake Worth, FL 33467** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
THORNE, LONDON K III
2 MEANS BLUFF WAY
KENNESAW GA 30144** ☐ Delete **29941**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Thorne, Landon K III
2 means Bluff way
Sheldon, SC 29941** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HONEYCUTT, GEORGE
1155 ROBERTS BLVD.
KENNESAW GA 30144** ☒ Delete

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

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

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 #

2-20-02 (843) 546-6088

CR2E083 (9/01)