

2001 UNIFORM BUSINESS REPORT (UBR)

0014856 AF

DOCUMENT # L99000007278

1. Entity Name

RL SUMMER HILL DEVELOPMENT, L.L.C.

FILED

01 MAR -5 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

124 E. BOCA RATON ROAD
BOCA RATON FL 33432

Mailing Address

124 E. BOCA RATON ROAD
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3624134

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

RETZSCH, BRUCE W
124 E. BOCA RATON ROAD
BOCA RATON FL 33432

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] **BRUCE W. RETZSCH, MANAGER** 03.01.01
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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS LANA, LUIS A
CITY-ST-ZIP 9788 LANCASTER PLACE
BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 9000003827769--E
CITY-ST-ZIP -03/09/01--01033--012
*****50.00 *****50.00

TITLE ☐ Delete
NAME MGR
STREET ADDRESS RETZSCH, BRUCE W
CITY-ST-ZIP 124 BOCA RATON ROAD
BOCA RATON FL 33432

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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** Bruce W. Retzsch 03.01.01 561-393-6555
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)