

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007470

1. Entity Name  
R S P PROPERTIES, L.L.C.

FILED

01 JAN 29 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
457 WOODLAKE LANE, #1  
DEERFIELD BEACH FL 33442

Mailing Address  
7040 W. PALMETTO PARK RD.  
#4 PMB 287  
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0965572

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

CROSSGROVE, STEVEN D  
457 WOODLAKE LANE, #1  
DEERFIELD BEACH FL 33442

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

600003654856--2  
-02/06/01--01105--003  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CROSSGROVE, STEVEN D  
457 WOODLAKE LANE, #1  
DEERFIELD BEACH FL 33442

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5445 N.W. 24<sup>TH</sup> STREET  
MARGATE FL 33063

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BOILEAU, RICHARD H  
189 EL CAPITAL DR.  
ISLAMORADA FL 33036

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
189 EL CAPITAN DR

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
S&P INVEST SCI  
27 RUE DU SCHEID/L-6996 RAMELDANGE  
GRAND DUCHY OF LUXEMBURG

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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]*

1/24/01 (954)-523-8226

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

Date

Daytime Phone #

CR2E083 (11/00)