

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007470

1. Entity Name

R S P PROPERTIES, L.L.C.

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90014 030 ****50.00

0016300

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

5445 NW 24TH ST

Suite, Apt. #, etc.

City & State

MARGATE FL

Zip

33063

Country

USA

3. Mailing Address

5445 NW 24TH ST

Suite, Apt. #, etc.

City & State

MARGATE FL

Zip

33063

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0965572

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

[Signature]

1/7/02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete

MGRM
CROSSGROVE, STEVEN D
5445 N.W. 24TH STREET
MARGATE FL 33063

TITLE NAME ☐ Delete

MGRM
BOILEAU, RICHARD H
189 EL CAPITAN DR.
ISLAMORADA FL 33036

TITLE NAME ☐ Delete

MGRM
S&P INVEST SCI
27 RUE DU SCHEID/L-6996 RAMELDANGE
GRAND DUCHY OF LUXEMBURG

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
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]

1/7/02

954-973-7511

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

Date

Daytime Phone #

CR2E083 (9/01)