

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007537**

1. Entity Name
BRYAN ROAD L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business
515 N. FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH FL 33401

Mailing Address
515 N. FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH FL 33401

2. Principal Place of Business
17750 SW 154TH STREET

3. Mailing Address
17750 SW 154TH STREET

Suite, Apt. #, etc.

City & State
MIAMI FLA.

City & State

4. FEI Number
26647516

☒ Applied For
☐ Not Applicable

Zip
33187-1269

Country
USA

Zip

Country

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

WALK, GARY
515 N. FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
LEONARD J. MERCER

Street Address (P.O. Box Number is Not Acceptable)
2500 S. OCEAN BLVD. SUITE 605

City
PALM BEACH **FL** Zip Code
33480

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 **Leonard J. Mercer, Registered Agent - G. Mercer** **10/17/00**
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

000003458150--4
-11/09/00--01020--032
******155.00 ****155.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOBRY, HAL 10 MARTINIQUE COVE PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LALLY, MICHAEL M. 17750 S.W 154TH STREET MIAMI FL 33187-1269	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LALLY, MICHAEL M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MICHAEL M. LALLY** **10/17/2000** **305-235-7900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)