

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90342 026 ****50.00

DOCUMENT # L99000007737

1. Entity Name

29 NORTHWOOD L.L.C.



Principal Place of Business

3001 SPRUCE AVE.
WEST PALM BEACH FL 33407

Mailing Address

3001 SPRUCE AVE.
WEST PALM BEACH FL 33407

20016274



2. Principal Place of Business

1350 SILVER LAKE DRIVE

3. Mailing Address

1350 SILVER LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State:
MELBOURNE, FL

City & State:
MELBOURNE, FL

4. FEI Number: 65-0964012

Applied For
 Not Applicable

Zip 32940 Country USA

Zip 32940 Country USA

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

6. Name and Address of Current Registered Agent

MECHACHONIS, ANTHONY ESQUIRE
3001 SPRUCE AVE.
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name: MECHACHONIS, ANTHONY ESQUIRE
Street Address (P.O. Box Number is Not Acceptable):
1350 SILVER LAKE DRIVE

City: MELBOURNE FL Zip Code 32940

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Anthony Mechachonis* Anthony Mechachonis, Esq. 1/15/03

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM
NAME: MECHACHONIS, ANTHONY
STREET ADDRESS: 3001 SPRUCE AVENUE
CITY-ST-ZIP: WEST PALM BEACH FL 33407

TITLE: MGRM
NAME: MECHACHONIS, ANTHONY
STREET ADDRESS: 1350 SILVER LAKE DRIVE
CITY-ST-ZIP: MELBOURNE, FL 32940

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

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STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

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: *Anthony Mechachonis*

1/15/03 (321) 757-6324

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

Date

Daytime Phone #

CR2E083 (10/02)