2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900008463 1. Entity Name EIRE INDIANAPOLIS FLORIDA L.L.C.

2840 NW BOCA RATON BLVD.. SUITE 101 **BOCA RATON FL 33431**

Principal Place of Business

Mailing Address

2840 NW BOCA RATON BLVD., SUITE 101 BOCA RATON FL 33431

FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90222 001 ***300.00



2. Principal F									///		
Suite, Apt. #, etc.		3. Mailing Add	Mailing Address Suite, Apt. #, etc. City & State								
		Suite, Apt. #,				DO NOT WRITE IN THIS SPACE					
		City & State				4. FEI Number 65-0987828				oplied For	
Zip	Соц	untry	Zip	7	Country	5. Cer	tificate of Status I	Desired		5.00 Ad	ditional
	6. Name and A	ddress of Curre	nt Registered Agent		<u> </u>	7. Nan	ne and Address	of New Real			
SPILLANE, MARK					7. Name and Address of New Registered Agent Name Street Address (R.O. Roy Number in Net Acceptable)						
	0 NW BOCA RAI CA RATON FL 33	ITTE 101	_		Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Cod	e
8. The above	named entity subm	its this statement	t for the purpose of ch	anging Its reg	gistered office or	registered agent	, or both, in the S	tate of Florida	a.		
						-					
SIGNATURE .	Oinsetter to the control of the cont		Ann M				<u> </u>				
	Signature, typed or printed	name of registered age	ent and title if applicable.	(NOTE: Re	egistered Agent signatu	re required when reinsta	ating)		DATE		
					V!!! FEE IS \$! ble to Departr						
				-	3v May 1 2002)	1				
		AANIA OINIO AAFRA		-	By May 1, 2002	2					<u></u>
9.		IANAGING MEM	BERS/MANAGERS	Due B	10.	2	ADD	DITIONS/CH	ANGES		
TITLE	MGR		BERS/MANAGERS	Due B	10.	2	ADC	DITIONS/CH		Change	☐ Addition
TITLE NAME	MGR ERIRE INDIANA	APOLIS SPE, IN	BERS/MANAGERS	Due B	10. TITLE NAME	2	ADC	DITIONS/CH		Change	Addition
TITLE NAME STREET AODRESS	MGR ERIRE INDIANA 2840 NW BOC	apolis spe, in A raton blvi	BERS/MANAGERS	Due B	10. TITLE NAME STREET ADDRESS	2	ADD	DITIONS/CH		Change	☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #