

FILED

Mar 11, 2003 8:00 am  
Secretary of State

03-11-2003 90025 008 \*\*\*\*55.00

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008750

1. Entity Name  
P.M.B. 125, L.L.C.Principal Place of Business  
12179 S. APOPKA VINELAND ROAD, #125  
#125  
ORLANDO FL 32836Mailing Address  
12179 S. APOPKA VINELAND ROAD, #125  
#125  
ORLANDO FL 32836

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

58-2508464

Applied For

Not Applicable

5. Certificate of Status Desired

 \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GREGG, ANNIE  
12179 S. APOPKA VINELAND ROAD  
ORLANDO FL 32836

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

6. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restating)

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

CR2E083 (10/02)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANNIE GREGG 12179 S. APOPKA VINELAND ROAD, #125 ORLANDO FL 32836	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

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

1-15-03 602-790-1828

Date

Daytime Phone #