2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900008847

1. Entity Name

SOUTHERN BOULEVARD HOLDINGS, L.L.C.



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90052 048 ****55.00

| | | | | | 100 111 | 5 | | | | | |
|---|--------------------------------|------------------------------|---|--------------|-------------------------|------------------------|---|-----------------|--------------------|---------------------|-----------------------------|
| Principal Plac | e of Business | | Mailing Address | | | | | วกกก | eare. | | |
| 6604 EASTVIEW DRIVE LANTANA FL 33462 | | | 6804 EASTVIEW DRIVE LANTANA FL 33462 | | | | 20007403 | | | | |
| 0 Pining 4 P | | | S. Marillian Address | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & State | | | 4. | FEI Number | 65-09676 | 356 | <u> </u> | oplied For ot Applicable |
| Zip Country | | | Zip Country | | | 5. | 5. Certificate of Status Desired \$5.00 Additional Fee Required | | | | |
| | 6. Name and Ad | dress of Current R | egistered Agent | | | 7. | Name and A | ddress of Nev | Registered A | gent | |
| KRΔ | MER, ROBERT M | | يو • درب سندو الله ١٠٠٠ م | ·* - = == . | -Name | فننيحا محسم | بتر <u></u> درسن رینی | | | | |
| 4000 | HOLLYWOOD BL LYWOOD FL 3302 | | HTUC | | Street Addr | ress (P.O. | Box Number i | s Not Accepta | ble) | | |
| | | | | | City | | | | FL | Zip Code | e |
| 8 The above | named entity submit | s this statement for I | he purpose of changing its | register | ed office or rec | gistered a | gent, or both. | in the State of | | _L amiliar with. | and accept |
| | ions of registered ag | | no purpose or enanging no | rogiotali | | g.o.o.o.a.a. | go, o. oo, | n, and and a | | | |
| SIGNATURE . | Signature, typed or printed a | name of registered agent and | title if applicable. (NOT | E: Registere | d Agent signature re | required when | reinstating) | | DATE | |] |
| | | | FILE N | OW!!! | FEE IS \$50. | .00 | | | | | |
| | | | Make Check Payab | | | | f State | | | | |
| | | | Du | e By M | ay 1, 2003 | | | | | | |
| 9. | | ANAGING MEMBER | S/MANAGERS | 10. | | | | ADDITION | IS/CHANGES | | |
| TITLE | MGR | | ☐ Delete | TITL | 1 | | | | | Change | ☐ Addition |
| NAME STREET ADDRESS | PULTS, LEON C 6604 EASTVIEW | | | MAM | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | LANTANA FL 33 | | | | -ST-ZIP | | | | | | |
| TITLE | MGR | | ☐ Delete | TITL | E | | | | | ☐ Change | Addition |
| NAME | PULTS, GALE A | | | NAM | E | | | | | | |
| STREET ADDRESS | 6604 EASTVIEW | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | LANTANA FL 33 | 462 | | _ | -ST-ZIP | | | | | | - Addition |
| TITLE NAME | | والمنصورة الراضيون | Delete | TITLI NAM | | ء سا ئو جو تھے۔ | **** **** ** | y e to s | y responsible to a | Change | Addition |
| STREET ADDRESS | | | | | ET ADORESS | | | | | | ļ |
| CITY-ST-ZIP | | | | CITY | -ST-ZIP | | | | | | |
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| STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS -ST-Zip | | | | | | { |
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| STREET ADDRESS | ! | | | STRE | ET ADDRESS | | | | | | j |
| CITY-ST-ZIP | | | | ÇITY | -ST-ZIP | | | | | | |
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| NAME | | A | / | NAM | l l | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | I | | | | ET ADDRESS -ST-ZIP | | | 3 | ٠, | | } |
| | ertify that the informa | ation of inplied with the | nis filing does not qualify fo | | | Lin Section | 119 07/3\/i\ | Florida Statuto | s. I further cert | ify that the is | nformation |
| · · · · · · · · · · · · · · · · · · · | orany unactino initoffilia | anon goppiled with the | no ming does not qualify to | the see | mpaon sialeu | | , , , o.o. (o)(i), | hat I am a mar | voging mamba | ., | w of the |

cated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I a ed liability company or the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the recy

SIGNATURE:

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

561-964-4666

Daytime Phone #