

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92167 049 \*\*\*\*50.00

**DOCUMENT # L99000009020**

1. Entity Name  
**EAST EUROPEAN INVESTMENTS LLC**



Principal Place of Business  
**2501 DAVIE ROAD, SUITE 230  
DAVIE, FL 33317**

Mailing Address  
**2501 DAVIE ROAD, SUITE 230  
DAVIE, FL 33317**

2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State:

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INCORPORATORS, INC.  
4221 BRICKELL AVENUE, SUITE 900  
MIAMI, FL 33134**

Name

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

**8875 Hidden River Pkwy Ste. 300**

City

**Tampa**

FL

Zip Code

**33647**

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

*Mark Hankins*

**Mark Hankins, President**

**5/1/03**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GARSON, MOSES L  
2501 DAVIE ROAD, SUITE 230  
DAVIE, FL 33317**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE:

*Moses L. Garson*

**Moses L. Garson, Manager**

**5/1/03**

Signature and Title of Registered Agent, Managing Member, Manager, or Authorized Representative

Date

Daytime Phone #

CR2E083 (10/02)