

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90584 023 ****50.00

0027628

DOCUMENT # L99000009158

1. Entity Name

FRI INVESTORS, LLC



Principal Place of Business

**2000 PALM BEACH LAKES BLVD., SUITE 301
WEST PALM BEACH FL 33409**

Mailing Address

**2000 PALM BEACH LAKES BLVD., SUITE 301
WEST PALM BEACH FL 33409**

2. Principal Place of Business

2090 Palm Beach Lakes

3. Mailing Address

2090 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

#700

Suite, Apt. #, etc.

#700

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33409

Country

USA

Zip

33409

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0967918**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, CLARK
625 N. FLAGLER DR., 9TH FLOOR
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 | MGRM | <input type="checkbox"/> Delete |
| NAME | MCCLOSKEY, MICHAEL P | |
| STREET ADDRESS | 2000 PALM BEACH LAKES BLVD., SUITE 301 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | CAMERON-HAYES, JONATHAN | |
| STREET ADDRESS | 2000 PALM BEACH LAKES BLVD., SUITE 301 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|---|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2090 Palm Beach Lakes Blvd. #700 | |
| CITY-ST-ZIP | West Palm Beach, FL 33409 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2090 Palm Beach Lakes Blvd. #700 | |
| CITY-ST-ZIP | West Palm Beach, FL 33409 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

4/29/03 (561) 615-3903

Date

Daytime Phone #

CR2E083 (10/02)