

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90026 040 \*\*\*\*50.00

**DOCUMENT # L99000009325**

1. Entity Name

**PAT ROSE ASSOCIATES, LLC**

Principal Place of Business

**3257 FIDDLERS HAMMOCK LANE  
 PONTE VEDRA BEACH FL 32082**

Mailing Address

**3257 FIDDLERS HAMMOCK LANE  
 PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

*home*

3. Mailing Address

*3257 FIDDLERS HAMMOCK LANE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Ponte Vedra Bch, FL*

City & State

*PVB, FL*

Zip  
*32082*

Country  
*ST. JOHNS*

Zip  
*32082*

Country  
*ST. JOHNS*

4. FEI Number

*13-3012897-  
 59-3620788*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SAFER, ELIOT J  
 4925 BEACH BOULEVARD  
 JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name

Street

City

(Number is Not Acceptable)

**FL**

Zip Code

Florida.

DATE

8. The above named entity submits this statement for the purpose of changing its registered of

SIGNATURE

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

(NOTE: Registered Agent

**FILE NOW!!! FE  
 Make Check Payable to  
 Due By May**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 ROSE, PAT  
 3257 FIDDLERS HAMMOCK DRIVE  
 PONTE VEDRA BEACH FL 32082** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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IONS/CHANGES

☐ Change ☐ Addition

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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

Date

Daytime Phone #

*1/25/01*

CR2E083 (9/01)