2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000002044

1. Entity Name

XPO1 LLC



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90033 050 ****50.00

_				GO WE THE						
Principal Place of Business 11940 US HWY ONE SUITE 200 N. PALM BEACH FL 33408		Mailing Address 11940 US HWY ONE SUITE 200 N. PALM BEACH FL 33408				(1) 11) 88(() 86(() 86(() 86	nii Baith Batna B	911 Š J1 0 71 80 711	8(8(: 818) 1 9 81	
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 Numb	er 65-103869	97		pplied For	7	
Zip Country		Zip Country		try	5. Certificate of Status Desired S5.00 Additional Fee Required					1
	6. Name and Address of Current R	edistered Agent	gistered Agent		- 7 Name and	Address of New I	Penletered			-
		- <u> </u>		Name	- r. realite and	Address of Hell I	rogistei eu /	-gent		\exists
	SON, SUSAN S 40 US HWY ONE	Street Address		(P.O. Box Numbe	er is Not Acceptable	9)			_	
	te 200 Palm Beach Fl 33408		;							_
				City			FL	- 1		1
8. The above the obligat	named entity submits this statement for tools of registered agent.	he purpose of changing its	registere	ed office or register	red agent, or bot	th, in the State of Fig	orida. I am i	iamiliar with,	, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered	d Agent signature required	d when reinstating)		DATE			
		EILE NO	NAZIII K	EE IS \$50.00						٦
		Make Check Payable			nt of Ctota					1
				niua Departine ly 1, 2003	ant or State					ŀ
	 .			iy 1, 2003						
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS	/CHANGES]_
TITLE	MGRM	☐ Delete	TITLE					Change	Addition	ξ
NAME	MASON, SUSAN S		NAME							10
STREET ADDRESS	11940 US HWY ONE ,SUITE 200			ET ADDRESS						8
CITY-ST-ZIP	N. PALM BEACH FL 33408		CITY-	ST-ZIP						Š
TITLE	MEM	☐ Delete	TITLE					☐ Change	Addition	18
NAME	Mason, William J		NAME	:						١
STREET AODRESS	11940 US HWY ONE, SUITE 200		STREE	ET ADDRESS						1
CITY-ST-ZIP	N. PALM BEACH FL 33408		CITY-	ST-ZIP						
TITLE		☐ Delete	TITLE	_			_	Change	☐ Addition	1
NAME			NAME		, <u>,,,,</u> , -	er ma naga ij				
STREET ADDRESS			STREE	T ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition	1
NAME			NAME					critinge		İ
STREET ADDRESS		•	STREE	T ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	l
NAME		— 551610	NAME					☐ Criange	L.J. Addition	
STREET ADDRESS	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			T ADDRESS					'	ĺ
CITY-ST-ZIP				ST-ZIP					'	
TITLE		☐ Delete			<u> </u>		ф .			ł
NAME		LI Delete	TITLE			- 1	•	· Change	Addition	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP				ST-ZIP			•	i	,	ĺ
	ertify that the information supplied with th	ia filipa done not evel?			ara aya amerin	S. Elizabeth				
· · · i nelectiviti	zony macinio iniormation supplied With th	is ining aces not quality for t	me exem	nbuon stated in Se	cuon 139.07(3)(i	 Florida Statutes II 	turther cert	ity that the ir	oformation	1

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: U3VVV

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

561-776-0600