

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90070 001 ***200.00

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

DOCUMENT # M00000002165

1. Entity Name
MONTGOMERY FLORIDA REALTY LLC



55018380

Principal Place of Business
3045 EAST FIFTH AVE.
COLUMBUS, OH 43219

Mailing Address
3045 EAST FIFTH AVE.
COLUMBUS, OH 43219

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 **31-1737282** 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

MCARDLE, MICHAEL W
860 PARK SHORE DRIVE, 3RD FLOOR
NAPLES, FL 34103

Name **MARK J. PRICE**

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

Postzel v Address, L.P.A.

850 Park Shore Drive 3rd FL.

City **Naples**

FL

Zip Code
34103

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 J. Price* **Mark J. Price** **3/19/03**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when registering) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MOBERGER, STEVEN M
7860 SABLE CT.
DUBLIN, OH 43016 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
MOBERGER, ALEXIS
7860 SABLE CT.
DUBLIN, OH 43016 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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

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: *[Signature]* **3-07-03** **614-961-1107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)