

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

01-15-2002 90037 047 ****50.00

DOCUMENT # M00000002268

1. Entity Name

TITUSVILLE POINTE, LLC

Principal Place of Business

Mailing Address

% COMMUNITY PLANNING ASSOCIATES
 123 NW 13TH ST., SUITE 208
 BOCA RATON FL 33432

% COMMUNITY PLANNING ASSOCIATES
 123 NW 13TH ST., SUITE 208
 BOCA RATON FL 33432

13274

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1055962

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COMMUNITY PLANNING ASSOCIATES, INC.
 123 NW 13TH ST., SUITE 208
 BOCA RATON FL 33432

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
 NAME HEIFETZ, SOL
 STREET ADDRESS 123 NW 13TH ST., SUITE 208
 CITY-ST-ZIP BOCA RATON FL 33432 ☒ Delete

TITLE MANAGER
 NAME MICHAEL RICHTER
 STREET ADDRESS 123 NW 13TH ST. SUITE 208
 CITY-ST-ZIP BOCA RATON, FL 33432 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
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 STREET ADDRESS
 CITY-ST-ZIP ☐ 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *MICHAEL RICHTER*

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

Date

Daytime Phone #

1/8/02 561-368-6622

CR2003 (9/01)

Community Planning Associates

Attachment
13274

February 11, 2002

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: Titusville Pointe, LLC

Reference Number: M0000002268

Dear Sir/Madam:

I am returning the enclosed form. I am not sure what additional information you are requesting. The only change I have made is to mark the "delete" box for Sol Heifetz. Other than that, all of the information you requested is contained on the form. The title of the Manager is listed which is what you are requesting.

I have called the Division of Corporations to explain the fact that I am not sure what additional information you are requesting. The gentleman I spoke to said it sounded like all the information was included and had no idea why the form was returned.

If you required additional information, please be specific as to what you need.

Sincerely,



Michael Richter

Manager

123 N.W. 13th Street • Suite 208 • Boca Raton, Florida 33432

(561) 368-6622 • Fax (561) 750-0503

E-mail: lisgar@earthlink.net