

04-14-2003 90745 045 *****50.00

05-02-2003 90577 030 *****50.00

M01000000141

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

FILLED

DOCUMENT # M01000000141

1. Entry Name
LAURELS REALTY OWNERS LLC

03 MAY 20 PM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
550 9TH AVENUE
ST. PETERSBURG, FL 33707Mailing Address
550 9TH AVENUE
ST. PETERSBURG, FL 33707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3685373Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Edwin B. Kagan
2709 Rocky Point Drive
Suite 102
Tampa, FL 33607

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 changing)

DATE

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	JACOBS, HERMAN	266 EAST BROADWAY, APT. 306 NEW YORK, NY 10002				

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:

Herman Jacobs

4/28/03 (727)898-4105

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

Date

Daytime Phone #

CP2E083 (10/02)