

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000173

1. Entity Name

ILP LLC

Principal Place of Business

% CORPORATION SERVICE COMPANY  
2711 CENTERVILLE ROAD, SUITE 400  
WILMINGTON DE 19808

Mailing Address

% CORPORATION SERVICE COMPANY  
2711 CENTERVILLE ROAD, SUITE 400  
WILMINGTON DE 19808

2. Principal Place of Business

12711 CAMELLIA CIR

Suite, Apt. #, etc.

3. Mailing Address

12711 CAMELLIA CIRCLE

Suite, Apt. #, etc.

City & State

WESTON

City & State

FLORIDA

Zip

33326

Country

BROWARD

Zip

33326

Country

BROWARD

4. FEI Number

APPLIED FOR  
26-0008584

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SERUBO, JOHN 12711 CAMELLIA CIRCLE WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

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

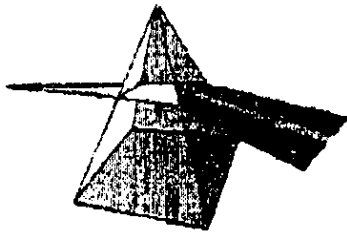
02-28-2002 90042 011 \*\*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

Attachment  
23881



## Fax Cover Page

#MO/000000173

Memphis Service Center  
Internal Revenue Service  
Memphis, Tennessee

To: JOHN SERUBO

From: TELE-TIN UNIT

Fax Number: 2154053903

Fax Number: (901) 546-3916

**Subject: Per your request**

**Name of Applicant:**

ILP LLC

**Employer Identification Number is:** 26-0008584

Please be advised that it is against the law to use an employer identification number as a social security number or for anything other than business

DJ175

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Thank You