

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/5/2003-92183-004-\$55.00-\$55.00

DOCUMENT # M01000001391

1. Entity Name
SHOREWOOD, L.L.C.



FILED
03 JUN 17 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11621 KEW GARDENS AVENUE
SUITE 210
PALM BEACH GARDENS FL 33410

Mailing Address
11621 KEW GARDENS AVENUE
SUITE 210
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-4448133

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name Reich, Doug
Street Address (P.O. Box Number is Not Acceptable)
11621 Kew Gardens Avenue
Suite 210
City Palm Beach Gardens FL Zip Code 33410

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 reinstating)

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 MGRM
NAME HERITAGE HILL, L.L.C.
STREET ADDRESS 1001 NORTH US HWY 1, SUITE 308
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE MGRM
NAME Heritage Hill, LLC
STREET ADDRESS 11621 Kew Gardens Avenue, Ste. 210
CITY-ST-ZIP Palm Beach Gardens, FL 33410 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4-22-03

561-622-8343

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

Date

Daytime Phone #

CR2E083 (10/02)