

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/5/2003-92183-018-\$55.00-\$55.00

0020000

DOCUMENT # M01000001580

1. Entity Name

COPPER RIDGE, L.L.C.



FILED  
03 JUN 17 PM 2:31  
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 65-1118698

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 reissuing)

4-22-03

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 MGRM  
STREET ADDRESS HERITAGE HILL, LLC  
CITY-ST-ZIP 1001 NORTH US HWY 1  
JUPITER FL 33477 ☐ Delete

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

TITLE  
NAME MGRM  
STREET ADDRESS ATLAS OFFSHORE INVESTMENT FUND LTD.  
CITY-ST-ZIP CHARLOTTE HOUSE, CHARLOTTE ST., 2ND FL  
NASSAU, BAHAMAS ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
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

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

Date

4-22-03

Daytime Phone #

561-622-8343

CR2E083 (10/02)