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

## DOCUMENT # M0100001651

1. Entity Name

**SIGNATURE:** 

TRAFALGAR PLAZA, LLC



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90055 038 \*\*\*\*50.00

(954) 370-0300

Principal Place of Business  300 SOUTH PINE ISLAND ROAD. SUITE 110 PLANTATION FL 33324  2. Principal Place of Business		Mailing Address 300 SOUTH PINE ISLAND ROAD. SUITE 110 PLANTATION FL 33324 3. Mailing Address									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI N	lumber	65-1112296	<u> </u>		Applied For	
Zip Country		Zip Coun		ntry	5. Certif	icate of S	Status Desired		55.00 A	Not Applicable	
	6. Name and Address of Current R	egistered Agent	I	<del></del> -	7. Name	and Ad	dress of New Reg		ee Requi	red	
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300	Cher, Steven ) South Pine Island Road, Suite (Ntation Fl 33324	110		Street Addre	ess (P.O. Box N	umber is	Not Acceptable)				
				City	<u> </u>			FL	Zip Co	ode	
8. The above	named entity submits this statement for titions of registered agent.	he purpose of changing its	registere	ed office or regi	stered agent, o	r both, in	the State of Florid	a. I am fai			
SIGNATURE	and of regional agent.										
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	Registered	d Agent signature requ	uired when reinstatin	g)		DATE	<del>_</del>	<del></del>	
		FILE NO	)W!!! F	EE IS \$50.0	00			_			
		Make Check Payable	e to Fic	rida Departi	ment of State	e					
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9.	MANAGING MEMBERS	/MANAGERS	10.		·	_!	ADDITIONS/CH	ANGES			
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<ol> <li>I hereby ce indicated or limited liabi</li> </ol>	rtify that the information supplied with this n this report is true and accurate and that lity company or the received or trystee em	filing does not qualify for the my signature shall have the powered to execute this rep	e exemp same le port as re	otion stated in S egal effect as if equired by Char	Section 119.07( made under oa pter 608, Florid	3)(i), Flor ath; that I a Statute	ida Statutes, I furth am a managing n s.	er certify a nember or	hat the in manage	nformation r of the	