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

## Jan 28, 2003 8:00 am **Secretary of State** DOCUMENT # M01000002263 01-28-2003 90048 026 \*\*\*\*50.00 MORGAN WALKER, LLC Mailing Address Principal Place of Business 20019067 624 NORTH LAKE WAY 624 NORTH LAKE WAY PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 74-3009706 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RYAN, BAIRD W Street Address (P.O. Box Number is Not Acceptable) 624 NORTH LAKE WAY PALM BEACH FL 33480 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition RYAN, BAIRD W NAME NAME 624 NORTH LAKE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE \_\_ ☐ 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

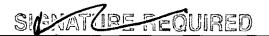
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