

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000000419

1. Entity Name
NJR DEVELOPMENT COMPANY, LLC.



FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90040 031 ****50.00

Principal Place of Business
% ADLER MANAGEMENT, LLC.
10350 BREN ROAD WEST
MINNETONKA MN 55343

Mailing Address
% ADLER MANAGEMENT, LLC.
10350 BREN ROAD WEST
MINNETONKA MN 55343

30132851



2. Principal Place of Business

101 E. Kennedy Blvd

3. Mailing Address

101 E. Kennedy Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2125

2125

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Zip

33602

33602

Country

Country

USA

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 68-0487908

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

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. 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

\$0.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RAUENHORST, NEIL
5000 CULBREATH KEY WAY, #9-125
TAMPA FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
101 E. Kennedy Blvd, St. 2125
Tampa, FL 33602 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RAUENHORST, BECKY
5000 CULBREATH KEY WAY, #9-125
TAMPA FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
101 E. Kennedy Blvd, St. 2125
Tampa, FL 33602 ☒ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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

8-18-03 813-224-9997
Date Daytime Phone #

CR2E083 (4/03)