

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0073032

DOCUMENT # M02000000475

1. Entity Name

GOODRICH OLD MARSH, LLC



FILED

03 JAN 14 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O HINES & CORLEY LLP
55 HAYDEN AVE., STE. 3200
LEINGTON MA 02421

Mailing Address

C/O HINES & CORLEY LLP
55 HAYDEN AVE., STE. 3200
LEINGTON MA 02421

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE

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

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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

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
STREET ADDRESS
CITY-ST-ZIP
MGR
HINES, EDWARD F JR.
55 HAYDEN AVE., STE. 3200
LEINGTON MA 02421 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CORLEY, NOLLY E
55 HAYDEN AVE., STE. 3200
LEINGTON MA 02421 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100010084231 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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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: Nolly Corley

SIGNATURE REQUIRED CORLEY

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

1/10/03

Date

781-274-7101

Daytime Phone #

CR2E083 (10/02)

MO2000000475

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 01-14-03

NAME: GOODRICH OLD MARSH, LLC

TYPE OF FILING: 2003 UBR

COST: ~~CHECK # 8692 not to exceed \$2,000.00 is attached~~

\$50-

RETURN:

ACCOUNT: ~~FCA000000015~~

FCA-015

AUTHORIZATION: ABBIE/PAUL HODGE

AtHodge

RECEIVED
03 JAN 14 AM 11:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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