

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0074950

DOCUMENT # M02000000961

1. Entity Name

ADDISON CAPITAL GROUP, LLC



FILED
03 APR 25 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

318 N. CARSON ST., STE. 208
CARSON CITY NV 89701

Mailing Address

318 N. CARSON ST., STE. 208
CARSON CITY NV 89701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4/25

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0697540

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANDON-BROWN, ELIZABETH
900 N. FEDERAL HWY., STE. 410
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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 MGR
NAME BLOOM, HOWARD
STREET ADDRESS 900 N. FEDERAL HWY., STE. 410
CITY-ST-ZIP BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100017110341
04/25/03--01079--026 **55.00

TITLE MGR
NAME TODD, MICHAEL G
STREET ADDRESS 25550 HAWTHORNE BLVD., STE. 207
CITY-ST-ZIP TORRANCE CA 90505

TITLE MGR
NAME Todd, Michael G
STREET ADDRESS 900 N. Federal Hwy. Suite 410
CITY-ST-ZIP Boca Raton, Florida 33432

TITLE MGR
NAME Diane Bloom
STREET ADDRESS 900 N. Federal Hwy. #410
CITY-ST-ZIP Boca Raton, FL 33432

TITLE MGR
NAME Diane Bloom
STREET ADDRESS 900 N. Federal Hwy. Suite 410
CITY-ST-ZIP Boca Raton, Florida 33432

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

Date

Daytime Phone #

SIGNATURE REQUIRED BL - MGR 4/21/03 561-40-7115

CR2E083 (10/02)