

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90026 049 ****50.00

0022557

DOCUMENT # M02000002056

1. Entity Name
TROPICAL WILLOW, LLC



Principal Place of Business
**EASTSIDE BUSINESS CENTER
34 CLINTON STREET
BATAVIA NY 14020-2821**

Mailing Address
**EASTSIDE BUSINESS CENTER
34 CLINTON STREET
BATAVIA NY 14020-2821**

2. Principal Place of Business
6955 N.W. 36 Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33147

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	MGRM WILLOW GROUP, LTD. 34 CLINTON STREET BATAVIA NY 14020-2821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED** **V.P. of Finance** **7/8/03** **(585) 344-2900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **X330**

CR2E083 (4/03)