

FILED
Mar 24, 2003 8:00 am
Secretary of State

02-21-2003 90019 015 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000003022

1. Entity Name

ORKNEY ASSOCIATES LLC



Principal Place of Business

8554 122ND AVE. NE. #107
KIRKLAND WA 98033-5831

Mailing Address

8554 122ND AVE. NE. #107
KIRKLAND WA 98033-5831

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-2112482

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE OFFICE OF PRESIDING ELDER FOR SOLE RES
1980 N ATLANTIC AVE., SUITE 602
COCOA BEACH FL 32831

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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~MGR MEMBER~~
CLARK, STARLET L
8554 122ND AVE. NE. #107
KIRKLAND WA 98033-5831

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
THE OFFICE OF THE PRESIDING ELDER AND HIS
8554 122ND AVE. NE. #107
KIRKLAND WA 98033-5831

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~MGR MEMBER~~
CLARK, STARLET L.
8554 122ND AVE NE #107
KIRKLAND, WA 98033-5831

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
325-QUAIL RUN LLC
12505 NE 143RD ST #B204
KIRKLAND, WA 98034

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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:

Starlet L. Clark
MANAGING MEMBER

4/15/03

425-820-2113

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

Date

Daytime Phone

CR2E083 (10/02)