

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90033 019 \*\*\*\*55.00

**DOCUMENT # M96000000046**

1. Entity Name

**PINPOINT COMMUNICATIONS L.L.C.**



Principal Place of Business

2151 W. HILLSBORO BLVD., STE. 202  
DEERFIELD BEACH FL 33442

Mailing Address

2151 W. HILLSBORO BLVD., STE. 202  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

**426 SOUTH MILITARY TRAIL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**DEERFIELD BEACH FL**

City & State

Zip

**33442**

Country

**USA**

Zip

Country

4. FEI Number **36-4039131**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVENPORT, J. DUDLEY**  
**2151 W. HILLSBORO BLVD., STE. 202**  
**DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**426 SOUTH MILITARY TRAIL**

**DEERFIELD BEACH**

**FL**

Zip Code

**33442**

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)

**3/19/03**

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 **MGR** ☐ Delete  
NAME **CLARK, WILLIAM J**  
STREET ADDRESS **113 HILLSIDE CIRCLE**  
CITY-ST-ZIP **VILLANOVA PA 19085**

TITLE **MGR** ☐ Delete  
NAME **DAVENPORT, J. DUDLEY**  
STREET ADDRESS **2151 W. HILLSBORO BLVD., STE. 202**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE **MGR** ☒ Change ☐ Addition  
NAME **DAVENPORT J. DUDLEY**  
STREET ADDRESS **426 S. MILITARY TRAIL**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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

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

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

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

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

**3/19/03**

Date

**954-574-0601**

Daytime Phone #

CR2E083 (10/02)