

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M97000000683**

1. Entity Name
EILDON ASSOCIATES LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 8:19

Principal Place of Business
10552 PHILADELPHIA ROAD
WHITE MARSH MD 21162

Mailing Address
10552 PHILADELPHIA ROAD
WHITE MARSH MD 21162-3423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3948290**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 Department of State

mf 3/20/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGRM** **CFO** ☐ Delete
NAME **MILNE, MICHAEL H.A.**
STREET ADDRESS **10552 PHILADELPHIA ROAD**
CITY- ST- ZIP **WHITE MARSH MD 21162**

☐ Change ☐ Addition
500003178485--8
03/21/00--01104--022
*******50.00 *****50.00**

TITLE **MGRM** **COO** ☐ Delete
NAME **FOSTER, DAVID A**
STREET ADDRESS **10552 PHILADELPHIA ROAD**
CITY- ST- ZIP **WHITE MARSH MD 21162**

☐ Change ☐ Addition

TITLE **MGR** ☐ Delete
NAME **DEM, CHRISTOPHER**
STREET ADDRESS **10552 PHILADELPHIA ROAD**
CITY- ST- ZIP **WHITE MARSH MD 21162**

CFO ☒ Change ☐ Addition
Dern, Christopher

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

David Foster

11/21/00

410-344-7350

CP2E083 (9/99)