

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90081 026 ****50.00

DOCUMENT # M98000000874

1. Entity Name

ROCKWOOD REALTY ASSOCIATES, L.L.C.

Principal Place of Business

**3801 PGA BLVD., SUITE 805
PALM BEACH GARDENS FL 33410**

Mailing Address

**3801 PGA BLVD., SUITE 805
PALM BEACH GARDENS FL 33410**

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

58-2407679

Applied For

Not Applicable

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

**MAGEE, JOHN W
3801 PGA BLVD., SUITE 805
PALM BEACH GARDENS FL 33410**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
MGR	MAGEE, JOHN W	3801 PGA BLVD., SUITE 805	PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM	WHITCOMB, STANLEY P	3801 PGA BLVD., SUITE 805	PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR02083 10/01/11

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:

John W. Magee Manager

3-22-02

212-286-5800

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

Date

Daytime Phone #