

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014525 AF

**DOCUMENT # M99000001111**

1. Entity Name  
**BLUEGREEN INTERIORS LLC**

**FILED**

01 FEB -6 AM 7:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4960 BLUE LAKE DRIVE BOCA RATON FL 33431	Mailing Address 4960 BLUE LAKE DRIVE BOCA RATON FL 33431
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2. Principal Place of Business 4960 Conference Way N Suite, Apt. #, etc. Ste 100 City & State Boca Raton	3. Mailing Address 4960 Conference Way N Suite, Apt. #, etc. Ste 100 City & State Boca Raton
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4. FEI Number 65-0929952	Applied For Not Applicable
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Zip 33431	Country US	Zip 33431	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>RONDEAU, PATRICK E</b> 4960 BLUE LAKE DRIVE BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>FERGUSON, DANNY L</b> 4960 BLUE LAKE DRIVE BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GRAY, L. NICHOLAS</b> 4960 BLUE LAKE DRIVE BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRPS</b> <b>Rondeau, Patrick E.</b> 4960 Conference Way N, Ste 100 Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRAS</b> <b>Ferguson, Danny L.</b> 4960 Conference Way n, Ste 100 Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900003678109--5</b> -02/14/01--01010--002 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Patrick E. Rondeau* **Patrick E. Rondeau, President** 1/16/01 561-912-8005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)