

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90022 049 ***150.00

DOCUMENT # M99000001412

1. Entity Name

F.P. LIMITED, L.L.C.



Principal Place of Business

Mailing Address

~~1100 SW ST. LUCIE WEST BLVD.~~
~~#208~~

~~1100 SW ST. LUCIE WEST BLVD.~~

~~PORT ST. LUCIE FL 34986~~

~~#208~~

~~PORT ST. LUCIE FL 34986~~

2. Principal Place of Business

6698 SWS Highway 1
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7696
Suite, Apt. #, etc.

City & State

Port St. Lucie FL

City & State

Port St. Lucie FL

Zip

Country

34952

Zip

Country

34985-7696



CHECK HERE IF MAKING CHANGES

4. FEI Number 58-2200409

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NAVARETTA, STEPHEN
1100 S.W. ST. LUCIE WEST BLVD.
#203
PORT ST. LUCIE FL 34986

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

Handwritten signature

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-11-03
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	SNYDER, WARD I	1100 SW ST. LUCIE WEST BLVD. #208	PORT ST. LUCIE FL 34986	<input type="checkbox"/>
		6698 SWS Highway 1	Port St. Lucie, FL	<input type="checkbox"/>
			34952	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (10/02)

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: *Handwritten signature* SIGNATURE REQUIRED

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

2-11-03

772-466-2666