

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90005 050 ****50.00

DOCUMENT # M99000001611

1. Entity Name

TROPHY PROPERTIES, L.L.C.



Principal Place of Business

**PO BOX 2084
FT. LAUDERDALE FL 33303-2084**

Mailing Address

**PO BOX 2084
FT. LAUDERDALE FL 33303-2084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-4309904**

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

CECIL, DANIEL

**~~308 HENDRICKS ISLE APT. 3~~
~~FT. LAUDERDALE FL 33301~~**

Name

SAME

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

2624 N.E. 23RD ST

FT. LAUD, FL 33303

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 *Daniel M. C.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-06-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CECIL, DANIEL
~~308 HENDRICKS ISLE APT. 3~~
~~FT. LAUDERDALE FL 33301~~** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2624 N.E. 23RD ST.
FT. LAUD, FL 33305** ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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: *Daniel M. C.* **SIGNATURE REQUIRED**

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

1-06-03 (954) 566-5971

Date

Daytime Phone #

CR2E083 (10/02)