

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90022 024 ****50.00

DOCUMENT # Z00303

1. Entity Name

COONEY-MIDWAY GROVE, L.C.



Principal Place of Business

11666 LOST TREE WAY
NORTH PALM BEACH FL 33408

Mailing Address

11666 LOST TREE WAY
NORTH PALM BEACH FL 33408

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 65-0221921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WHITE, DAVID J
11666 LOST TREE WAY
NORTH PALM BEACH FL 33408

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MEM
NAME BEFORD, GERALD ☐ Delete
STREET ADDRESS 66 W. FLAGLER ST.
CITY-ST-ZIP MIAMI FL

TITLE MEM
NAME BLUMENTHAL, EDWARD ☐ Delete
STREET ADDRESS 7300 SW 122ND ST.
CITY-ST-ZIP MIAMI FL

TITLE MEM
NAME COONEY, THOMAS G. ☐ Delete
STREET ADDRESS 13400 SW 80TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE MEM
NAME COONEY, PAULA C. ☐ Delete
STREET ADDRESS 13400 SW 80TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE MEM
NAME DEQUINOS, ROBERT ☐ Delete
STREET ADDRESS 4409 SUNRISE BLVD.
CITY-ST-ZIP FT. PIERCE FL

TITLE MEM
NAME DEQUINOS, DOROTHY R. ☐ Delete
STREET ADDRESS 4409 SUNRISE BLVD.
CITY-ST-ZIP FT. PIERCE FL

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David J. White DAVID J. WHITE

3/21/2003

621-686-6300

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

Date

Daytime Phone #

CR2E083 (10/02)