

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000002752

1. Entity Name

CAP FERRAT TROIS, L.L.C.

L00000002752

FILED
02 OCT 21 PM 2:21 40630
SECRETARY OF STATE
FLORIDA

2. Principal Place of Business
960 CAPE MARCO DR. #902
Suite, Apt. #, etc.

3. Mailing Address
960 CAPE MARCO DR. #902
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MARCO ISLAND, FL.
Zip
34145
Country
USA

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Zip
34145
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4. FEI Number
58-2532065

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
RONALD S. WEBSTER
Street Address (P.O. Box Number is Not Acceptable)
985 NORTH COLLIER BLVD.
City
MARCO ISLAND FL Zip Code
34145

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

**FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS
TITLE NAME
MGR RODRIGUE, LIONEL G.
STREET ADDRESS
960 CAPE MARCO DR. UNIT 902
CITY-ST-ZIP
MARCO ISLAND, FL. 34145

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
[Handwritten initials]

**DO NOT WRITE
IN THIS SPACE**

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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: *Lionel G. Rodrigue* 7/9/02 207 833-5272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/01)