

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90060 016 ****50.00

DOCUMENT # L00000011593



1. Entity Name
439 EAST ROYAL FLAMINGO, L.L.C.

Principal Place of Business
**3424 PINE VALLEY DR.
SARASOTA FL 34239**

Mailing Address
**3424 PINE VALLEY DR.
SARASOTA FL 34239**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address
279 ROBIN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA, FL

4. FEI Number **65-1055917**

Applied For
Not Applicable

Zip

Country

Zip
34236

Country
USA

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

**ROKNICH, NICK III
ROKNICH & GIBSON
1800 SECOND ST., STE. 901
SARASOTA FL 34236**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	MGR	<input type="checkbox"/> Delete
NAME	MURRAY, JOHN	
STREET ADDRESS	586 S. SPOONBILL DR.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MINNIG, GEORGE	
STREET ADDRESS	279 ROBIN DR.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: *George J. Minnig* **GEORGE J. MINNIG** **2/9/03** **941-951-2996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)