

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-11-2003 90051 017 ****50.00

DOCUMENT # L01000002847

1. Entity Name

LAKE BUENA VISTA JOINT VENTURE PHASE II, LLC



Principal Place of Business

Mailing Address

**1725 UNIVERSITY DRIVE
SUITE 450
CORAL SPRINGS FL 33071**

**1725 UNIVERSITY DRIVE
SUITE 450
CORAL SPRINGS FL 33071**

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 **65-1080712**

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

7. Name and Address of New Registered Agent

**SHERRIN, JEFFREY
1725 UNIVERSITY DRIVE
SUITE 450
CORAL SPRINGS FL 33071**

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUTTON, SAMUEL R 1725 UNIVERSITY DR #450 CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHERRIN, JEFFREY 1725 UNIVERSITY DR #450 CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Samuel R Sutton* **SIGNATURE REGQUIRES SUTTON** 2/7/03 954-755-7003

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

Date

Daytime Phone #

CR2E083 (10/02)