

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

000 3

DOCUMENT # L01000003760

1. Entity Name

THE SANCTUARY AT PELICAN LANDING, LC



FILED

03 APR -2 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% PORTER, WRIGHT, MORRIS & ARTHUR
5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108

Mailing Address

% PORTER, WRIGHT, MORRIS & ARTHUR
5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108

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 59-3713532

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

WILSON, GARY
PORTER, WRIGHT, MORRIS & ARTHUR
5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108

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 MGRM
NAME OUVERSON, THOMAS H
STREET ADDRESS 5801 PELICAN BAY BLVD., #300
CITY-ST-ZIP NAPLES FL 34108-2709 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000015175928 ☐ Change ☐ Addition
04/02/03--01032--016 **350.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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:

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

3-24-03

2395932870

Date

Daytime Phone #

CR2E083 (10/02)