

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90687 037 \*\*\*\*50.00

**DOCUMENT # L02000007864**

1. Entity Name

**THE ESPLANADE AT PUNTA GORDA, LLC**



Principal Place of Business

**6900 SOUTHPOINT DRIVE NORTH, SUITE 250  
JACKSONVILLE FL 32216**

Mailing Address

**6900 SOUTHPOINT DRIVE NORTH, SUITE 250  
JACKSONVILLE FL 32216**

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

**01-0697532**

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

**SANKERS, GUS  
6900 SOUTHPOINT DRIVE NORTH, SUITE 250  
JACKSONVILLE FL 32216**

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 MGR  
NAME THE ESPLANADE AT PUNTA GORDA MANAGER, LLC  
STREET ADDRESS 6900 SOUTHPOINT DRIVE NORTH, SUITE 250  
CITY-ST-ZIP JACKSONVILLE FL 32216**

☐ Delete

**TITLE  
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STREET ADDRESS  
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10. ADDITIONS/CHANGES

**TITLE  
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STREET ADDRESS  
CITY-ST-ZIP**

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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 REQUIRED*

**Joseph R Kornides**

**Controller**

**4/30/03**

**703.506.1006**

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

Date

Daytime Phone #

CR2E083 (10/02)