

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/4/2003 2003-011-50.00-50.00

**DOCUMENT # L02000009622**

1. Entity Name  
**RAYA PROPERTIES OF COLLIER COUNTY FLORIDA, L.L.C**



03 OCT -6 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business: 24940 TAMiami TRAIL SOUTH, BONITA SPRINGS FL 34134  
Mailing Address: 24940 TAMiami TRAIL SOUTH, BONITA SPRINGS FL 34134

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: [Blank]

Zip: [Blank] Country: [Blank]



CHECK HERE IF MAKING CHANGES

4. FEI Number: **731649447**

Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**STANLEY, JOHN F.**  
2660 AIRPORT ROAD SOUTH  
NAPLES FL 34112

7. Name and Address of New Registered Agent  
Name: **David R. Bartly, Sr.**  
Street Address (P.O. Box Number is Not Acceptable): **4833 Martingale Way**  
City: **Naples** FL: **FL** Zip Code: **34119**

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: *David R. Bartly, Sr.* DATE: **9/29/03**

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

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE: <b>MGR</b>	<input type="checkbox"/> Delete
NAME: <b>RAHIM, MAHMOUD</b>	
STREET ADDRESS: <b>4885 FAIRVIEW COURT</b>	
CITY-ST-ZIP: <b>WEST BLOOMFIELD MI 48322</b>	
TITLE: <b>MGR</b>	<input type="checkbox"/> Delete
NAME: <b>ABDULHUSSAIN, RAYA</b>	
STREET ADDRESS: <b>4885 FAIRVIEW COURT</b>	
CITY-ST-ZIP: <b>WEST BLOOMFIELD MI 48322</b>	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

10. ADDITIONS/CHANGES	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *SIGNATURE REQUIRED* DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

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

CR2E083 (4/03)