

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 24 AM 11:17

DOCUMENT # L02000012600

1. Entity Name

Anglers Family Resort LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12189 South Williams Street

Suite, Apt. #, etc.

3. Mailing Address

1849 Compass Court

Suite, Apt. #, etc.

400024547064  
11/10/03--01011--012 \*\*50.00

DO NOT WRITE IN THIS SPACE

City & State  
Dunnellon, Fla

City & State  
Toms River, NJ

4. FEI Number 11-3693866

☒ Applied For  
☐ Not Applicable

Zip  
34432

Country  
USA

Zip  
08753

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34432

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Member  
Joseph Marchese  
1849 Compass Court  
Toms River, NJ 08753

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

400024547064  
02/27/04--01004--002 \*\*50.00

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400024547064  
01/23/04--01019--026 \*\*100.00

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**REINSTATEMENT**

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

Date

Daytime Phone #

CR2E083B (12/02)