

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

05-05-2003 92174 007 ****50.00

DOCUMENT # L02000028031

1. Entity Name

FLORIDA REALTY SALES, LLC



Principal Place of Business

C/O BAYSHORE LAND GROUP, INC.
255 ALHAMBRA CIRCLE, STE. 325
CORAL GABLES FL 33134

Mailing Address

C/O BAYSHORE LAND GROUP, INC.
255 ALHAMBRA CIRCLE, STE. 325
CORAL GABLES FL 33134

44004936

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

65-0804396

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

MACNAIR, CHRISTOPHER J
C/O BAYSHORE LAND GROUP, INC.
255 ALHAMBRA CIRCLE, STE. 325
CORAL GABLES FL 33134

7. Name and Address of Now 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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MACNAIR, CHRISTOPHER J**
STREET ADDRESS **255 ALHAMBRA CIRCLE, STE. 325**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **Manager** ☐ Change ☒ Addition
NAME **Pamela L. Jeffrey**
STREET ADDRESS **255 ALHAMBRA CIRCLE, STE. 325**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **MGR** ☐ Delete
NAME **FERTIG, JAY**
STREET ADDRESS **255 ALHAMBRA CIRCLE, STE. 325**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **manager** ☐ Change ☒ Addition
NAME **Gene Grizzle**
STREET ADDRESS **9712 S.W. 132nd Place**
CITY-ST-ZIP **Miami, FL 33186**

TITLE **MGR** ☐ Delete
NAME **GANT, STEVEN D**
STREET ADDRESS **2751-B TAMiami TRAIL**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

4/30/03

305-445-6161

Date

Daytime Phone #

CR2E083 (10/02)