

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

DOCUMENT # 03000000381

1. Entity Name

208 Beach Trail LLC

FILED

03 MAY -5 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300018025593
05/05/03--01122--015 **100.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

328 2nd St. S.

Suite, Apt. #, etc.

3. Mailing Address

328 2nd St. S.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Safety Harbor FL

Zip

34695

Country

USA

City & State

Safety Harbor FL

Zip

34695

Country

USA

4. FEI Number

06-1669445

Applied For

Not Applicable

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

Abrahamson, Lee M

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

328 2nd St. S.

City

Safety Harbor

FL

Zip Code

34695

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 | Mgrm | TITLE | |
| NAME | Lee M Abrahamson | NAME | |
| STREET ADDRESS | 328 2nd St. S. | STREET ADDRESS | |
| CITY-ST-ZIP | Safety Harbor, FL 34695 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 #

4-28-03 727 799 4005

CR2E083B (12/02)