

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0011625
AF

DOCUMENT # **L98000002048**

1. Entity Name
GULFVIEW PROPERTIES, L.L.C.

100 MAY -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1610 SEABREEZE DRIVE TARPON SPRINGS FL 34689-2028	Mailing Address 1610 SEABREEZE DRIVE TARPON SPRINGS FL 34689-2028
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-3534858	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME	MGRM JUDGE, J. DOUGLAS	<input type="checkbox"/> Delete	TITLE NAME	000003256800--8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1811 MARINER DRIVE, UNIT 120		STREET ADDRESS	-05/18/00--01019--019	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP	*****50.00 *****50.00	
TITLE NAME	MGRM SORDO, IVAN R	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1610 SEABREEZE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689-2028		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER **50.00** Date 4/26/00 Daytime Phone # 9275377678

CR2E083 (9/99)