2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800002048

Principal Place of Business



GULFVIEW PROPERTIES, L.L.C.

1610 SEARREEZE ORIVE 1610 SEARREEZE DRIVE

Mailing Address

FILED Jan 22, 2003 8:00 am Secretary of State 01-22-2003 90090 022 ****50.00

TARPON SPRINGS FL 34689-2028 2. Principal Place of Business		TARPON SPRINGS FL 34	TARPON SPRINGS FL 34689-2028 3. Mailing Address				
		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 59-3534858 Applied For		
					Not Applica		
Zip	Country	Zip	Country	5. Certificate of Status Desire	ed \$5.00 Fee Rec	Additional quired	
	6. Name and Address of C	urrent Registered Agent		7. Name and Address of Na	w Registered Agent		7
AMI	RILAWYER		Name	Name			
343	ALMERIA AVENUE		Street Address (s (P.O. Box Number is Not Acceptable)		
COI	RAL GABLES FL 33134						
			City		FL Zip	Code	
	named entity submits this stater ions of registered agent.	ment for the purpose of changing i	ts registered office or re-	stered agent, or both, in the State o	f Florida. I am familiar v	with, and accept	
SIGNATURE							1
- John Williams	Signature, typed or printed name of registere	ed agent and title if applicable. (NC	TE: Registered Agent signature r	uired when reinstating)	DATE		_
			IOW!!! FEE IS \$50	l l			
		· ·	ble to Florida Depar ue By May 1, 2003	ment of State			
9.	MANIACINIC N	MEMBERS/MANAGERS	10.	ADDITIO	NS/CHANGES		-
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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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

NAME

STREET AODRESS

CITY-ST-ZIP