

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90900 037 \*\*\*\*50.00

DOCUMENT # L99000005023

1. Entity Name  
**MYSTIC PORTE, LLC**



Principal Place of Business  
37 LOGAN LANE, SUITE 1  
SANTA ROSA BEACH FL 32459

Mailing Address  
37 LOGAN LANE, SUITE 1  
SANTA ROSA BEACH FL 32459

**30054972**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**96 BRAMBLE STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**96 BRAMBLE STREET**  
Suite, Apt. #, etc.

City & State  
**SANTA ROSA BEACH, FL**

City & State  
**SANTA ROSA BEACH, FL**

Zip Country  
**32459 U.S.**

Zip Country  
**32459 U.S.**

4. FEI Number **59-3597837**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KRAEMER, MARY K**  
**3275 HWY 30A**  
**SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**607 E. Hwy 98**

City **Destin FL** Zip Code **32541**

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PORTE, A.J. 3275 HWY 30A SANTA ROSA BEACH FL 32459</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PORTE, CYNTHIA 3275 HWY 30A SANTA ROSA BEACH FL 32459</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>96 BRAMBLE STREET SANTA ROSA BEACH, FL 32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>96 BRAMBLE STREET SANTA ROSA BEACH, FL 32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

Date **4/14/03** Daytime Phone # **850 267 9975**

CR2F083 (10/02)