

2001 UNIFORM BUSINESS REPORT (UBR)

076610

DOCUMENT # **L99000005108**

1. Entity Name
MIROMAR REALTY, L.L.C.

FILED

01 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10801 CORKSCREW ROAD, SUITE 199
ESTERO FL 33921

Mailing Address
10801 CORKSCREW ROAD, SUITE 199
ESTERO FL 33921

2. Principal Place of Business
24870 Burnt Pine Drive

3. Mailing Address
24870 Burnt Pine Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip **34134** Country **USA**

Zip **34134** Country **USA**

4. FEI Number **65-0969919**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CICCARONE, MICHAEL J ESQUIRE
ONE UNIVERSITY PARK, SUITE 600
12800 UNIVERSITY DRIVE
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name **Mark Geschwendt**

Street Address (P.O. Box Number is Not Acceptable)
24870 Burnt Pine Drive

City **Bonita Springs** FL Zip Code **34134**

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 **Mark Geschwendt** DATE **4-30-01**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIROMAR DEVELOPMENT CORP 24810 BURNT PINE DRIVE, SUITE 4 BONITA BEACH FL 34134 <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
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 24870 Burnt Pine Drive Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500004212855-8 -05/11/01--01126--001 ***1206.25 *****55.00
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
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: **JERRY SCHMOEYER, V. P.** DATE **4-30-01** DAYTIME PHONE # **(941) 948-3666**

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

CR2E083 (11/00)