2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90006 007 ****50.00

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DOCUMENT # L99000005546

1. Entity Name
CORAL BEACH CLUB COMPANY, L.L.C.

Principal Place of Business	Mailing Address
1400 GULF SHORE BLVD. NORTH SUITE 200 NAPLES FL 34102	1400 GULF SHORE BLVD. NORTH SUITE 200 NAPLES FL 34102

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9180 Galleria Court	9180 Galleria Court
Suite, Apt. #, etc.: Ste 600	Suite, Apt. #, etc.: Ste. 600
City & State: Naples FL.	City & State: Naples, FL.
Zip: 34109 Country: Collier	Zip: 34109 Country: Collier

4. FEI Number 65-0956513 ☐ Applied For ☐ Not Applicable

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
AYRES, JOHN E JR. 1400 GULF SHORE BLVD. NORTH SUITE 200 NAPLES FL 34102	Name: Ayres, John E. Jr. Street Address (P.O. Box Number is Not Acceptable): 9180 Galleria Court Ste 600 City: Naples FL Zip Code: 34109

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 ________ 3/31/03
Signature, typed or printed name of registered agent and title if applicable. (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AYRES, JOHN E JR 1400 GULF SHORE BOULEVARD NORTH SUITE 200 NAPLES FL 34102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr. Ayres, John E. Jr. 9180 Galleria Court Ste 600 Naples, FL. 34109 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Weeks, Lee R. 9180 Galleria Court Ste 600 Naples, FL. 34109 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 REQUIRED 3/31/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #