

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90010 038 \*\*\*\*50.00

**DOCUMENT # L01000007962**

1. Entity Name

**BERMUDA COVE LLC**

Principal Place of Business

3215 N.W. 63RD STREET  
 BOCA RATON FL 33496  
 US

Mailing Address

3215 N.W. 63RD STREET  
 BOCA RATON FL 33496  
 US

13534

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1105242

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

**FEIT, STEVEN H**  
**3215 N.W. 63RD STREET**  
**BOCA RATON FL 33496**

Name

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

City

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

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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MANAGING MEMBER	CAMINO REAL INVESTMENT FAMILY LIMITED	3215 NW 63RD ST BOCA RATON, FL 33496				

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

Date

Daytime Phone #

CP2ED03 (9/01)