

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90292 001 \*\*\*\*25.00  
02-10-2003 90292 002 \*\*\*\*25.00

**DOCUMENT # L02000026349**

1. Entity Name  
**122 SANIBEL MOORINGS, L.L.C.**



Principal Place of Business  
**695 TARPON BAY ROAD  
SANIBEL ISLAND FL 33957**

Mailing Address  
**C/O ISLAND FINANCIAL SERVICES, INC.  
695 TARPON BAY ROAD. #5  
SANIBEL FL 33957**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**845 E. Gulf Dr.  
Suite, Apt. #, etc.  
#122**

3. Mailing Address  
**321 South 8th Ave  
Suite, Apt. #, etc.**

City & State  
**Sanibel FL**  
Zip  
**33957** Country  
**USA**

City & State  
**LaGrange IL**  
Zip  
**60525** Country  
**USA**

4. FEI Number ☐ Applied For  
☒ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OWENS, DAVID  
695 TARPON BAY ROAD #5  
SANIBEL FL 33957**

**7. Name and Address of New Registered Agent**

Name **David Thompson**  
Street Address (P.O. Box Number is Not Acceptable)

**845 E. Gulf Dr. #122**  
City **Sanibel** **FL** Zip Code **33957**

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 **David Thompson**  
Signature, typed or printed name of registered agent and title if applicable.

**David Thompson**  
(NOTE: Registered Agent signature required when reinstating)

**1/31/03**  
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	<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 type="checkbox"/> Change <input checked="" 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
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: David Thompson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/31/03**  
Date

Daytime Phone #

CR2E083 (10/02)