

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0085117

DOCUMENT # L00000000479

1. Entity Name

BERKSHIRE #2120 LLC



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O GOLF HOST SECURITIES INC.  
36750 U.S. HWY. 19 N.  
PALM HARBOR FL 34684

Mailing Address

C/O GOLF HOST SECURITIES INC.  
36750 U.S. HWY. 19 N.  
PALM HARBOR FL 34684

2. Principal Place of Business

c/o Diane L. Johnston - Trustee

3. Mailing Address

c/o Diane L. Johnston - Trustee

Suite, Apt. #, etc.

36750 U.S. Hwy 19 N

Suite, Apt. #, etc.

36750 U.S. Hwy 19 N

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34684

Country

Pinellas USA

Zip

34684

Country

Pinellas USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3619473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, HERBERT  
35 W. LEMON ST.  
TARPON SPRINGS FL 34689

623 East Tarpon  
Ave.  
Suite L

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLF HOST CONDOMINIUMS, INC. 36750 U.S. HWY. 19 N. PALM HARBOR FL 34684	<input checked="" 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	MGR Augusta 2020 Land Trust c/o Diane L. Johnston - Trustee 36750 U.S. Hwy 19 N Palm Harbor, FL 34684	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100017896421 05/02/03--01056--022 **50.00	<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
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: Diane L. Johnston *Diane Johnston* 4-29-03 727-939-3564

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

Date

Daytime Phone #

CR2E083 (10/02)