

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000589

1. Entity Name

SOUTH BAY DEVELOPERS III, L.C.

FILED

01 MAY -1 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

104 CRANDON BLVD., SUITE 417
KEY BISCAYEN FL 33149

Mailing Address

104 CRANDON BLVD., SUITE 417
KEY BISCAYEN FL 33149

2. Principal Place of Business

104 CRANDON BLVD

Suite, Apt. #, etc.

306

3. Mailing Address

104 CRANDON BLVD

Suite, Apt. #, etc.

306

City & State

Key Biscayne FL

City & State

Key Biscayne FL

Zip

33149

Country

US

Zip

33149

Country

US



DO NOT WRITE IN THIS SPACE

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

CABRERA, ORLANDO

701 BRICKELL AVE., SUITE 1900

MIAMI FL 33131

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.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

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

CH # 1276
GERS

9. MANAGING MEMBERS/MEMBERS

TITLE MGR M
NAME Allegiance Partners
STREET ADDRESS 104 CRANDON BLVD #306
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: CABRERA, ORLANDO

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

4/27/01 (305) 365-7676

Date

Daytime Phone #

CR2E083 (11/00)