

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90083 006 ****50.00

956896



DO NOT WRITE IN THIS SPACE

DOCUMENT # **LOG0000000917**

1. Entity Name
NORIC GULF PLACE INVESTMENTS LLC

Principal Place of Business
2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129

Mailing Address
2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129

2. Principal Place of Business
1234 Airport Road
 Suite, Apt. #, etc.
Suite #215
 City & State
Destin, Florida
 Zip
32541 Country
USA

3. Mailing Address
1234 Airport Road
 Suite, Apt. #, etc.
Suite #215
 City & State
Destin, Florida
 Zip
32541 Country
USA

4. FEI Number
65-0975831 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DAVID, MARY ANN Y ESQ.
2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129

7. Name and Address of New Registered Agent
 Name **Richard Olson**
 Street Address (P.O. Box Number is Not Acceptable)
1234 Airport Road
Suite 215
 City **Destin** **FL** Zip Code **32541**

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 DATE **4/24/02**
(NOTE: Registered Agent signature required when reinstating)

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	MGRM OLSEN, RICHARD 2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Olson, Richard 1234 Airport Road, Suite #215 Destin, Florida 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, NORMAN S 2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DATE **4/24/02** 850-650-2858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (9/01)