

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001700

1. Entity Name
ISLAMORADA PARTNERS, LLC

Principal Place of Business
1400 GULF SHORE BLVD. NORTH, STE. A200
NAPLES FL 34102

Mailing Address
1400 GULF SHORE BLVD. NORTH, STE. A200
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

AYRES, JOHN
1400 GULF SHORE BLVD. NORTH, STE. A200
NAPLES FL 34102

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AYRES, JOHN E
1400 GULF SHORE BLVD. NORTH, STE. A200
NAPLES FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BLANKENSHIP, LARRY
1400 GULF SHORE BLVD. NORTH, STE. A200
NAPLES FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4860 SYCAMORE DRIVE
NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ESPING, WILLIAM
2626 COLE ST., STE. 700
DALLAS TX 75204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300004336523-5
-05/31/01--01081--004
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FRENNI, JOSEPH
2351 WINDWARD WAY
NAPLES FL 33940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300004336523-5
-05/31/01--01081--005
*****5.00 *****5.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GRAMMEN, ROBERT
5114 INAGUA WAY
NAPLES FL 34119

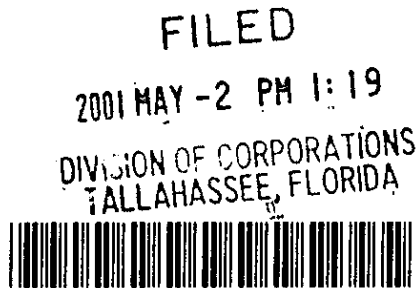
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Larry S. Blankenship LARRY S. BLANKENSHIP 4/30/01 941-352-8031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)