

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001954

1. Entity Name

ISLANDER GENERAL PARTNER, L.L.C.

FILED

01 AUG 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4116 BURNING TREE DRIVE
DESTIN FL 32541

Mailing Address

4116 BURNING TREE DRIVE
DESTIN FL 32541

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3037 OAKTREE LANDING

MARIETTA GA

30066



DO NOT WRITE IN THIS SPACE

4. FEI Number

59 3628446

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLEET, H. BART
1201 EGLIN PKWY
SHALIMAR FL 32579

DESTIN

7. Name and Address of New Registered Agent

Name Robert J. LaChapelle

Street Address (P.O. Box Number is Not Acceptable)

4116 BURNING TREE DR 32541

City MARIETTA GA FL

Zip Code 30066

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

Robert J. LaChapelle

FL

8/17/01

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 Department of State
Due By September 26, 2001

300004565803--3

--08/31/01--01049--002--

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MANAGER
STREET ADDRESS Robert J. LaChapelle
CITY-ST-ZIP 3037 OAKTREE LANDING

☐ Delete

TITLE NAME MARIETTA GA
STREET ADDRESS
CITY-ST-ZIP 30066

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Robert J. LaChapelle

8.17.01

770.730
3670

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

Date

Daytime Phone #

CR2E083 (5/01)