

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90372 004 \*\*\*\*50.00

**DOCUMENT # L00000002256**

1. Entity Name

**TERRAPIN PROPERTIES, LLC**

Principal Place of Business

**393 TEQUESTA DRIVE  
 TEQUESTA FL 33469**

Mailing Address

**393 TEQUESTA DRIVE  
 TEQUESTA FL 33469**

2. Principal Place of Business

**218 S. US HWY 1  
 Suite, Apt. #, etc.  
 Suite 300**

3. Mailing Address

**Same**

City & State

**TEQUESTA FL**

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0984782**

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

**KASTEN, CATHERINE L  
 1555 PALM BEACH LAKES BLVD  
 STE 1600  
 WEST PALM BEACH FL 33402**

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 Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete  
 NAME **KASTEN, MARK J**  
 STREET ADDRESS **393 TEQUESTA DR**  
 CITY-ST-ZIP **TEQUESTA FL 33469**

☒ Change ☐ Addition  
**218 S. US HWY 2 Suite 300**  
**TEQUESTA FL 33469**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*[Signature]*

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

**7-11-02 SB 74645**

Date

Daytime Phone #

CR2E083 (4/02)