

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002308

1. Entity Name  
HURON STREET INVESTMENTS L.L.C.

Principal Place of Business  
125 NORTH AIRPORT ROAD  
SUITE 202  
NAPLES FL 34104

Mailing Address  
125 NORTH AIRPORT ROAD  
SUITE 202  
NAPLES FL 34104

2. Principal Place of Business

76 13<sup>TH</sup> AVE SOUTH  
Suite, Apt. #, etc.

3. Mailing Address

76 13<sup>TH</sup> AVE SOUTH  
Suite, Apt. #, etc.

City & State  
NAPLES FLORIDA

Zip  
34102

Country  
Collier

City & State  
NAPLES FLORIDA

Zip  
34102

Country  
Collier

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

FLOOD, PETER T ESQ  
125 NORTH AIRPORT ROAD  
SUITE 202  
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name  
MICHAEL K. CORRADI

Street Address (P.O. Box Number is Not Acceptable)  
76 13<sup>TH</sup> AVE SOUTH

City  
NAPLES

FL

Zip Code  
34102

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  
Michael K. Corradi

1-25-2001

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

800003912078--9  
-03/27/01--01061--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

|  |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Michael K. Corradi

1-25-2001

941-571-6622

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

Date

Daytime Phone #

0020672

AF

CR2E083 (11/00)

FILED

01 MAR 15 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

01 MAR 15 PM 1:

SECRETARY OF ST.  
TALLAHASSEE, FLO



DO NOT WRITE IN THIS SPACE