

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90082 042 \*\*\*\*50.00

**DOCUMENT # L00000002308**

1. Entity Name

**HURON STREET INVESTMENTS L.L.C.**



Principal Place of Business

**76 13TH AVE S  
NAPLES FL 34102**

Mailing Address

**76 13TH AVE S  
NAPLES FL 34102**

2. Principal Place of Business

**3047 HORIZON Lane**

3. Mailing Address

**3047 HORIZON Lane**

Suite, Apt. #, etc.

**# 1903**

Suite, Apt. #, etc.

**# 1903**

City & State

**NAPLES, FLORIDA**

City & State

**NAPLES, FLORIDA**

Zip

**34109**

Country

**Collier/USA**

Zip

**34109**

Country

**Collier/USA**

4. FEI Number

**65-0989599**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORRADI, MICHAEL K  
76 13TH AVE S  
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name

**CORRADI, MICHAEL K.**

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

**3047 HORIZON Lane # 1903**

City

**NAPLES**

FL

Zip Code

**34109**

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

*Michael K. Corradi*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-22-2003**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **CORRADI, MICHAEL K**  
STREET ADDRESS **76 13TH AVE S**  
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR.** ☒ Change ☐ Addition  
NAME **CORRADI, MICHAEL K.**  
STREET ADDRESS **3047 HORIZON Lane # 1903**  
CITY-ST-ZIP **NAPLES FL 34109**

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

**1-22-2003 239-285-5008**

CR2E083 (10/02)