

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90050 010 \*\*\*\*50.00

**DOCUMENT # L00000002437**

1. Entity Name  
**PORT CHARLOTTE LAND GROUP, L.L.C.**

Principal Place of Business

~~6710 MAIN STREET, STE 233~~  
~~MIAMI LAKES FL 33014~~

*c/o Bayshore Land Group, Inc.*

Mailing Address

~~6710 MAIN STREET, STE 233~~  
~~MIAMI LAKES FL 33014~~

*c/o Bayshore Land Group, Inc.*

**DU102437**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*255 Alhambra Circle*

Suite, Apt. #, etc.

*Suite 325*

City & State

*Coral Gables, FL*

Zip

*33134*

Country

*USA*

3. Mailing Address

*255 Alhambra Circle*

Suite, Apt. #, etc.

*Suite 325*

City & State

*Coral Gables, FL*

Zip

*33134*

Country

*USA*

4. FEI Number **65-0865297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CHRISTOPHER J. MAC NAIR**  
**C/O BAYSHORE LAND GROUP, INC.**  
~~6710 MAIN STREET, SUITE 233~~  
~~MIAMI LAKES FL 33014~~

7. Name and Address of New Registered Agent

Name

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

*255 Alhambra Circle, Suite 325*

City

*Coral Gables*

FL

Zip Code

*33134*

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Christopher J. Mac Nair*

*Christopher J. Mac Nair, V.P.*

*4/30/02*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **TURNBERRY BAYSHORE, LLC**  
 STREET ADDRESS **6710 MAIN STREET, STE 233**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS *255 Alhambra Circle, Suite 325*  
 CITY-ST-ZIP *Coral Gables, FL 33134*

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

TITLE ☐ Change ☐ Addition  
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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:

*Christopher J. Mac Nair*

*Christopher J. Mac Nair, V.P.*

*4/30/02*

*305-445-6161*

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

Date

Daytime Phone #

CR2E083 (9/01)