2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004562

1. Entity Name

ROYAL VIEW DEVELOPERS OF FORT WALTON BEACH, L.L.

0004271 AF

Principal Place of Business	Mailing Address
323 PAGE BACON ROAD. SUITE 17 MARY ESTHER FL 32569	323 PAGE BACON ROAD. SUITE 17 MARY ESTHER FL 32569

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	

Zip	Country	Zip	Country

4. FEI Number 59-3651937   ☐ 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
MCMICHAEL, GARY 323 PAGE BACON ROAD, SUITE 17 MARY ESTHER FL 32569	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.

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

9. MANAGING MEMBERS / MEMBERS		**10.** ADDITIONS / CHANGES	
TITLE MGRM NAME MCMICHAEL, GARY STREET ADDRESS 323 PAGE BACON ROAD, SUITE 17 CITY-ST-ZIP MARY ESTHER FL 32569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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*****50.00   *****50.00

CR2E083 (11/00)

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: _Gary W McMichael_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #