

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90018 042 \*\*\*\*\*50.00

**DOCUMENT # L00000005394**

1. Entity Name  
**SPYGLASS, L.L.C.**



Principal Place of Business

~~1400 GULFSHORE BLVD~~  
~~#107A~~  
~~NAPLES FL 34102~~

Mailing Address

~~PO BOX 1122~~  
~~NAPLES FL 34100~~

2. Principal Place of Business

**225 Banyan Blvd**

3. Mailing Address

**225 Banyan Blvd**

Suite, Apt. #, etc.

**# 210**

Suite, Apt. #, etc.

**# 210**

City & State

**Naples**

City & State

**Naples**

Zip

**34102**

Country

Zip

**34102**

Country

4. FEI Number **59-3647375**

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

**OWENS, WILLIAM L**  
**4001 TAMiami TRAIL NORTH, SUITE 404**  
**NAPLES FL 34103**

7. Name and Address of New Registered Agent

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

*W. J. Sullivan*

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **CAPE TOWN DEVELOPMENTS INC**  
STREET ADDRESS ~~PO BOX 1122~~  
CITY-ST-ZIP **NAPLES FL**

TITLE **MGRM** ☐ Delete  
NAME **SCHOENDORF, JOSEPH F**  
STREET ADDRESS **840 SPYGLASS LANE**  
CITY-ST-ZIP **NAPLES FL**

TITLE **MGRM** ☐ Delete  
NAME **HOUSTON, L. WALTER**  
STREET ADDRESS **3075 FT. CHARLES DR.**  
CITY-ST-ZIP **NAPLES FL**

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 ☒ Change ☐ Addition  
NAME **225 Banyan Blvd, #210**  
STREET ADDRESS **Naples, FL 34102**  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
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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: *W. J. Sullivan* **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**229-420**  
**4-2-03**  
**0042**

CR2E083 (10/02)