

2001 UNIFORM BUSINESS REPORT (UBR)

0016012 AF

DOCUMENT # L00000006172

1. Entity Name
FROGGY BOTTOM, L.L.C.

FILED

01 MAR 26 PM 3:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

Mailing Address

201 PALM TRAIL
DELRAY BEACH FL 33483

201 PALM TRAIL
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

101 N. Jay St
P.O. Box 1000
middleburg VA
20118

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARONSON, CAROLE JR.
102 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Michael R. Crane, MGRM
101 N. Jay St
middleburg, VA 20117

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Cheryl L. Crane MGRM
101 N. Jay St
middleburg, VA 20117

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Michael Mullin MEMBER
1010 N. Ocean Blvd.
Gulf Stream, FL 33483

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300003929483--7
-03/29/01--01065--017

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*****50.00 *****50.00

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

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

Date

Daytime Phone #

Michael R. Crane 01/22/01 340-682-8884

CR2E083 (11/00)