

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006566

1. Entity Name

BEST BIDDER REALTY L.L.C.

Principal Place of Business

Mailing Address

21 ASTER TERRACE  
KEY WEST FL

1107 KEY PLAZA, STE #307  
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

O'BOYLE, SALLY  
21 ASTER TERRACE  
KEY WEST FL 33040

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)

300004481023--9

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

-07/17/01--01073--012

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐

MAN  
SALLY O'BOYLE  
1107 KEY PLAZA #307  
KEY WEST, FL 33040

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐

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

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

TITLE  
NAME  
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CITY-ST-ZIP  
Change ☐ Addition ☐

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Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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 #

SIGNATURE REQUIRED

7/3/01 505 246 9985

CR2E083 (5/01)