## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 12, 2002 8:00 am Secretary of State DOCUMENT # L0000007173 1. Entity Name 05-12-2002 90589 015 \*\*\*\*50.00 FUN2\$AVE MEMBERSHIPS, LLC Principal Place of Business Mailing Address 100 EXECUTIVE WAY, SUITE 214 100 EXECUTIVE WAY, SUITE 214 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3652980 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEVLIN, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 100 EXECUTIVE WAY, SUITE 214 PONTE VEDRA BEACH FL 32082 City Zip Code FL 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change ☐ Addition SHEVLIN, ROBERT A NAME NAME STREET ADDRESS 100 EXECUTIVE WAY, SUITE 214 STREET ADDRESS CITY-ST-7IP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP MGRM ☐ Delete TITLE Change ☐ Addition RAHN, EDWARD W NAME STREET ADDRESS 100 EXECUTIVE WAY, SUITE 214 STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP **MGRM** TITLE Delete TITI F ☐ Change ☐ Addition DETTELBACH, MARTIN K NAME NAME STREET ADDRESS 100 EXECUTIVE WAY, SUITE 214 STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-7IP MGRM TITLE ☐ Delete TITLE M Change ☐ Addition NAME LAHIFF, JEFFREY S NAME STREET ADDRESS 1108 N. BETHLEHEM PIKE, SUITE #8 STREET ADDRESS CITY-ST-ZIP **LOWER GWYNEDD PA 19002** CITY-ST-ZIP TITLE Delete TITLE ☐ 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Change

☐ Addition