

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007985

1. Entity Name

FANTASY OF THE OCEAN, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 12 PM 1:27

Principal Place of Business

14411 COMMERCE WAY, SUITE 220  
MIAMI LAKES FL 33016

Mailing Address

14411 COMMERCE WAY, SUITE 220  
MIAMI LAKES FL 33016

9/28/01

2. Principal Place of Business

Suite, Apt. #, etc.

320

3. Mailing Address

14411 Commerce Way  
Suite 320

City & State

MIAMI LAKES FL

Zip

Country

Zip

33016

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0949119

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLAVELL, ROBERT  
200 SOUTH BISCAYNE BLVD., SUITE 4600  
MIAMI FL 33131-2310

7. Name and Address of New Registered Agent

Name Robert Henderson JR  
Street Address (P.O. Box Number is Not Acceptable)  
14411 Commerce Way  
Suite 320  
City MIAMI LAKES FL Zip Code 33016

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

*Robert Henderson*

ROBERT HENDERSON JR.

09/25/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00

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

200004636852-3  
-10/15/01--01033--008  
\*\*\*\*155.00 \*\*\*\*155.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDERSON, ROBERT A JR. 14411 COMMERCE WAY, SUITE 220 320 MIAMI LAKES FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CUS

100.00 Rm  
50.00 2001

130.00  
CUS 5.00  
135.00

REINSTATEMENT 2001

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

*Robert Henderson*

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

Date

Daytime Phone #

CR2E083 (5/01)