

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013868 AF

DOCUMENT # L00000008118

1. Entity Name

ONE SPINNAKER ASSOCIATES LLC

FILED

01 APR 16 PM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3801 PGA BLVD  
SUITE 1000  
PALM BEACH GARDENS FL 33410

Mailing Address

3801 PGA BLVD  
SUITE 1000  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

7711 North Military Trail

7711 North Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1000

1000

City & State

City & State

Palm Beach Gardens FL

Palm Beach Gardens FL

Zip

Country

Zip

Country

33410

USA

33410

USA

4. FEI Number

65-1018982

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

WHEELER, WILLIAM R  
14955 HORSESHOE TRACE  
WELLINGTON FL 33414

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 *William R. Wheeler MGRM*

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

(NOTE: Registered Agent signature required when reinstating)

500004037025-1

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

-04/20/01--01123--010  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Partner  
NAME William R. Wheeler MGRM ☐ Delete  
STREET ADDRESS 14955 Horseshoe Trace  
CITY-ST-ZIP Wellington, FL 33414

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

TITLE Partner  
NAME Richard Lede MGRM ☐ Delete  
STREET ADDRESS 1405 14th Terrace  
CITY-ST-ZIP Palm Beach Gardens, FL 33418

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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

*Richard Lede*

Richard Lede MGRM

3/19/01

561-662-4963

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

Date

Daytime Phone #

CR2E083 (11/00)