

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000009438

FILED  
Apr 08, 2002 8:00 AM  
Secretary of State

**Entity Name:** COLLIER COUNTY PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

2776 LONGBOAT DRIVE  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

2776 LONGBOAT DRIVE  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 65-6345803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARCEAU, WILLIAM J  
2776 LONGBOAT DRIVE  
NAPLES, FL 34104

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: SMITH, ROBERT M  
Address: 489 COUNTRYSIDE DR  
City-St-Zip: NAPLES, FL 34104

Title: V ( ) Delete  
Name: SMITH, DEANNA S  
Address: 489 COUNTRYSIDE DR  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MARCEAU, WILLIAM J MGR  
Address: 2776 LONGBOAT DRIVE  
City-St-Zip: NAPLES, FL 34104

Title: MGRM (X) Change ( ) Addition  
Name: MARCEAU, ANGELA M MGRM  
Address: 2776 LONGBOAT DRIVE  
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM J MARCEAU

MGR

04/08/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date