2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010055

1. Entity Name

FIDDLER'S COVE DEVELOPMENT COMPANY, L.L.C.



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90037 028 ****50.00

				11/3	Ĺ				
Principal Place of Business 906 BELL ST. STE. 10 PERRY GA 31069		Mailing Address 2004 TUCKER RD. PERRY GA 31069	2004 TUCKER RD.						
2. Principal Pl	ace of Business All Street	3. Mailing Address							
Suite Apt.		Suite, Apt. #, etc.			☐ CHE	CK HERE IF MAKING	G CHANGES		
Perry		City & State		·, <u>-</u>	4. FEI Number 59-	3666792	 	oplied For	
31069 USA		Zip	Zip Country		Not Applicable S. Certificate of Status Desired				
	6. Name and Address of Currel	at Benistered Agent			7. Name and Address	of New Penistered		<u> </u>	
		it regiotered Agent	- Name		7. Hamo una Addresa	of them integrated ou	Agent		
221	ters, elizabeth j McKenzie avenue Ama City FL'32401	·	Street Address			(P.O. Box Number is Not Acceptable)			
			City			Fl	Zip Cod	e l	
	named entity submits this statement ons of registered agent.	for the purpose of changing it	s registered office o	r registere	ed agent, or both, in the S	State of Florida. I am	familiar with,	and accept	
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable, (NO	TE: Registered Agent signa	ture required	when reinstating)	DATE	·		
	·	Make Check Payat	OW!!! FEE IS Sole to Florida De ue By May 1, 200	partmer	nt of State				
9.		BERS/MANAGERS	10.		AC	DITIONS/CHANGES	3		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAL LAND AND MINERALS, I 208 HOOD AVENUE FT. WALTON FL 32548	L.C.	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM KLEIN, HERMAN F JR. 906 BALL ST., STE. 10 PERRY GA 31069	SRM □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Klei	RM n Herman Ball Street N , Ga 310	F JR Isla B	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied wi	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	

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 informatio
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

4/4/03

478.988.376

Daytime Phone #

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