

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90078 049 ****50.00

DOCUMENT # L00000010437

1. Entity Name

COURTYARD VENTURES, L.L.C.



Principal Place of Business

**5405 PARK CENTRAL COURT
NAPLES FL 34109**

Mailing Address

**5405 PARK CENTRAL COURT
NAPLES FL 34109**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1053725**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAUDILL, JAMES F
2640 GOLDEN GATE PKWY
#115
NAPLES FL 34105**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
GATES MCVEY CAPITAL GROUP, L.L.C.
5405 PARK CENTRAL COURT
NAPLES FL 34109**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MEM
TURNER, BERNARD
801 ANCHOR RODE
NAPLES FL 34103**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MEM
TURNER, RITA
801 ANCHOR RODE
NAPLES FL 34103**

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

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

SIGNATURE REQUIRED

Stephen V. Robinson

3/21/03

Date

239-593-3777

Daytime Phone #

CR2E083 (10/02)

0038781