

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011613

1. Entity Name

IME RESORTS LLC

Principal Place of Business

3458 ANGLIN DRIVE, SUITE A
SARASOTA FL 34242

Mailing Address

3458 ANGLIN DRIVE, SUITE A
SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1043612

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

NASH, DAVID

3458 ANGLIN DRIVE, SUITE A
SARASOTA FL 34242

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

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME IME INVESTMENTS LLC MGRM ☐ Delete
STREET ADDRESS 3458 ANGLIN DRIVE SUITE A
CITY-ST-ZIP SARASOTA, FL. 34242

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003782853--7
CITY-ST-ZIP -02/27/01--01078--016
*****50.00 *****50.00

TITLE NAME EXIM MORTGAGE MGRM ☐ Delete
STREET ADDRESS 16901 DALLAS PKWY, SUITE 230
CITY-ST-ZIP DALLAS, TX 75001

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

February 8, 2001 941 344 3377

FOR IME INVESTMENTS LLC MANAGING MEMBER

FILED

01 FEB 22 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0022563 AF

CR2E083 (11/00)