

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90182 024 ****50.00

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

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

NASH, DAVID
3458 ANGLIN DRIVE, SUITE A
SARASOTA FL 34242

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.

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☒ **Change** ☐ **Addition**
NAME **MGRM**
STREET ADDRESS **IME GROUP INC**
CITY-ST-ZIP **3458 ANGLIN DRIVE SUITE A**
SARASOTA FL 34242

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

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

TITLE ☐ **Change** ☒ **Addition**
NAME **MGRM**
STREET ADDRESS **CHRISTOPHER J COFFIN**
CITY-ST-ZIP **10505 OAK RUN DRIVE**
BRADENTON FL 34202-9398

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: SIGNATURE REQUIRED **2/8/2002** **941 349 3317**

CR2E083 (9/01)