## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L00000011613

1. Entity Name

## IME RESORTS LLC



**FILED** Jan 24, 2003 8:00 am Secretary of State 01-24-2003 90253 021 \*\*\*\*50.00

MINE INVESTMENTS LLC  3458 ANGLIN DR., SUITE A CITY-ST-ZIP  MINE MARM  IME GROUP INC.  3458 ANGLIN DR., STE. A SARASOTA FL 34242  TITLE NAME STREET ADDRESS CITY-ST-ZIP  MINE GROUP INC.  3458 ANGLIN DR., STE. A SARASOTA FL 34242  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME COFFIN, CHRISTOPHER I 10505 OAK RUN-DRIVE BRADENTON FL 34202-9398  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Addition Addition ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Addition ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP	WIE TIES				No.				
SARASOTA FL 9482  2. Principal Places of Business  Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  Zip	Principal Plac	ce of Business	Mailing Address			1			
Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   A. FEI Number 65-1043612   Applied For Not Applicable    Zip   Country   Zip   Country   S. Certificate of Status Desired   For Required    ASSP, DAVID 3458 ANGIN DRIVE, SUITE A SARASOTA FL 34242   Street Address (P.O. Box Number is Not Acceptable)  8. The above remod critity submits 1 liss statement for the purpose of changing its registered dilice or registered agent.    City   FL   Zip Code    City   FL   Zip Code    SIGNATURE   City   FL   Zip Code    City   FL   Zip Code    SIGNATURE   City   City   City   City   City   City   City   City   City    SIGNATURE   City									
Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   A. FEI Number 65-1043612   Applied For Not Applicable    Zip   Country   Zip   Country   S. Certificate of Status Desired   For Required    ASSP, DAVID 3458 ANGIN DRIVE, SUITE A SARASOTA FL 34242   Street Address (P.O. Box Number is Not Acceptable)  8. The above remod critity submits 1 liss statement for the purpose of changing its registered dilice or registered agent.    City   FL   Zip Code    City   FL   Zip Code    SIGNATURE   City   FL   Zip Code    City   FL   Zip Code    SIGNATURE   City   City   City   City   City   City   City   City   City    SIGNATURE   City	2 Deinging C	Nace of Divisions							
City & State  Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  The Name  The	Z. Principal F	race of Business	3. Mailing Address			11111	INIA BAK TRAKI TOKKI BOKIK BEKIK I	leith eolidh hiodh hiolig oil	<b>F</b>      <b>         </b>
Z-p Country Zip Country S. Certificate of Status Desired S.00 Additional Processing S.00 Additional Pr	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  Name  8. Name and Address of New Registered Agent  Name  8. Name and Address of New Registered Agent  Name  Street Address of New Registered Agent  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 Fords. I am familiar with, and accept the obligators of registered agent.  FILE NoW!! FEEL SSD.0.00  Make Check Payable to Florida Department of State  Due by May 1, 2003  9. MANAGING MEMBERS/MANAGERS  TITLE  NAME INVESTMENTS LLC  3682 ANGAIN DR, SUITE A  SARASOTA FL 34242  INVESTMENT ST. 2P  SARASOTA FL 34242  INVEST. 2P  SARASOTA FL 34242  INVESTMENT ST. 2P  SARA	City & Stat	е	City & State			4. FEI Num	ber <b>65-1043612</b>		• •
S. Name and Address of Current Registered Agent  NASH, DAVID  3458 ANGLIN DRIVE, SUITE A SARASOTA FL 34242  City FL Zip Codo  Signature of registered agent.  City FL Zip Codo	Zip Country		Zip	Zip Country		5. Certifica	te of Status Desired	□ \$5.00 A	Additional
NASH, DAVID 3458 ANGLIN DRIVE, SUITE A SARASOTA FL 34242  8. The above named entity submits this statement for the purpose of changing its registered direct or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of FILE State.				[				istered Agent	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligators of registered agent.  SIGNATURE  Speakure, hyeeld or printed name of registered agent and their septicative.  (NOTE Registered Agent grashes required when resistation):  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due by May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  SITEST ALORESS SITEST ALORESS SITEST ALORESS SITEST ALORESS SITEST ALORESS SARASOTA FL 34242  CITY-ST-2P  MANAGIND PILE MISE MGRM IME GROUP INC. MISE MGRM IME	345	8 ANGLIN DRIVE, SUITE A			Street Address (	P.O. Box Num	ber is Not Acceptable)		
Signature. Losed or periodic name of registered agent and store frequenced agent, or both, in the State of Florida. I am familiar with, and accept the not of the control agent agents or registered agent, or both, in the State of Florida. I am familiar with, and accept the not believe to registered agent, or both, in the State of Florida. I am familiar with, and accept the not believe the not of the state agent, or both, in the State of Florida. I am familiar with, and accept the not believe the not of the state agent, or both, in the State of Florida. I am familiar with, and accept the not believe the not of the state of Florida agent, or both, in the State of Florida. I am familiar with, and accept the not believe the not agent agents required agent agents r	OAI	14301A FL 34242		ā					
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SIGNATURE    Signature, typical or printed name of registered agent and stell it applicable. (NOTE; Registered Agent agents agents are required when reinstating)   Signature, typical or printed name of registered agent and stell it applicable. (NOTE; Registered Agent agents	8. The above	named entity submits this statement for	r the purpose of changing	its registere	ed office or register	red agent, or b	oth, in the State of Florid	da. 1 am familiar wit	h, and accept
Signature typod or primad nerve of regretered agent and till a sprictable.    FILE NOW!!! FEE Is \$50.00		ions of registered agent.			8				
BY MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES  TITLE MARKE   MARKE   Delate   TITLE   NAME   MARKE   STREET ADDRESS	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (Ne	OTE: Registere	d Agent signature required	when reinstating)		DATE	
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5/1/ U. Z.	STREET ADDRESS								
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	1								i

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.