

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90046 045 ****50.00

DOCUMENT # L00000013468

1. Entity Name

LONGBOAT GLOBAL ADVISORS, L.L.C.



Principal Place of Business

**417 12TH STREET WEST
SUITE 213
BRADENTON FL 34205**

Mailing Address

**417 12TH STREET WEST
SUITE 213
BRADENTON FL 34205**

2. Principal Place of Business

2 N. Tamiami Trail

3. Mailing Address

2 N. Tamiami Trail

Suite, Apt. #, etc.

Ste 1200

Suite, Apt. #, etc.

Ste 1200

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34236

Country

USA

Zip

34236

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1060115**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEASLEY, ROBERT J ESQ
417 12TH STREET W., STE 213
BRADENTON FL 34205**

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert Joseph Beasley

4/30/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **BEASLEY, ROBERT J**
STREET ADDRESS **417 12TH STREET W., STE 213**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **P.** ☒ Change ☐ Addition
NAME **BEASLEY, ROBERT J.** Address
STREET ADDRESS **2 N. Tamiami Trail Ste 1200**
CITY-ST-ZIP **SARASOTA FL 34236**

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

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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:

Robert Joseph Beasley

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

4/30/03 941-361-284

Date

Daytime Phone #

CR2E083 (10/02)

0039974