

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013807

1. Entity Name

ROSEMONT #3208, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 12:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business 36750 US HIGHWAY 19 NORTH PALM HARBOR FL 34684	Mailing Address 36750 US HIGHWAY 19 NORTH PALM HARBOR FL 34684
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2. Principal Place of Business c/o Golf Host Securities, Inc. Suite, Apt. #, etc. 36750 U.S. Hwy 19 N City & State Palm Harbor, FL Zip 34684	3. Mailing Address } SAME Suite, Apt. #, etc. City & State Zip U.S.A
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4. FEI Number 59-3680924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIOTT, HERBERT 36750 US HIGHWAY 19 NORTH PALM HARBOR FL 34684
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001	100004619391--7 -10/02/01--01008--011 *****50.00 *****50.00
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR GOLF HOST CONDOMINIUMS, INC. 36750 US HIGHWAY 19 NORTH PALM HARBOR FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Dominic A. Bengiveno, Mgr 9/25/01
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STAPLE CHECK HERE

CR2E083 (5/01)