2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015034

1. Entity Name

DADK DI ACE INN/ESTMENTS LLC



FILED Mar 14, 2003 8:00 am Secretary of State

03-14-2003 90002 006 ****50.00

FARR PLACE INVESTMENTS, LLC								
Principal Place of Business 858 9TH AVENUE SOUTH NAPLES FL 34102		Mailing Address 858 9TH AVENUE SOUTH NAPLES FL 34102	858 9TH AVENUE SOUTH					
. Delegand f	Diament Descious							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		ilan bir abin 1904 barin 860.		. 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Nur	nber 59-36879 0	9	Applied For	nde.
Zip	Country	Zip	Country	5. Certifica	ate of Status Desired	\$5.00 Fee Re	Additional	716
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name a	nd Address of New R		danea	
CHO	DRLTON, DEREK S	.,	Name	·		<u> </u>		\neg
858	9TH AVE SOUTH PLES FL 34102		Street Address		(P.O. Box Number is Not Acceptable)			
INAF	LES FL 34102					•		\exists
			City			FL Zip	Code	\exists
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or re	egistered agent, or l	both, in the State of Flo	rida. I am familiar	with, and accep	ot
SIGNATURE .								
	Signature, typed or printed name of registered agent		É: Registered Agent signature		1	DATE		_
		FILE NO Make Check Payab	OW!!! FEE IS \$50					
			e By May 1, 2003	irtinent of State				
9.	MANAGING MEMBE	ERS/MANAGERS	10.		ADDITIONS/	CHANGES		\dashv
NAME STREET ADDRESS	MGR CHORLTON, DEREK S 858 9TH AVE S.	~ - □ Delete .*	TITLE NAME STREET ADDRESS	er unge værke i "vær	en myst to destruction	Cha	nge 🗌 Additio	n (2)/07/
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP					_ }
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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:

LITE REPERDEDS. CHERCION MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3.1203/239.