

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016293

Entity Name

ROSE BAY DEVELOPMENT PARTNERS, LC

Principal Place of Business

Mailing Address

235 S. Maitland Avenue, Suite 216
Maitland, FL 32751

FILED

01 MAY 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business

235 S. Maitland Ave.

3. Mailing Address

Suite, Apt., #, etc.

Suite 216

Suite, Apt., #, etc.

City & State

Maitland, FL

City & State

Zip

32751

Country

Zip

Country

4. FEI Number

59-3690012

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Berry Walker
235 S. Maitland Ave.
Suite 216
Maitland, FL 32751

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

 BERRY WALKER

5/1/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER/MEMBER
BERRY WALKER
235 S. Maitland Ave. # 216
Maitland, FL 32751

☐ Delete

10. ADDITIONS/CHANGES

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

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☐ Change ☐ Addition

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:

 BERRY WALKER MANAGER/MEMBER 5/1/01 407-644-6535

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

Date

Daytime Phone #

CR2E083 (11/00)