2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000308

1. Entity Name
BUCCANEER FM Beach, LLC

FILED
01 JUN 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3780 VIA DEL REY, Suite A Bonita Springs, FL 34134	SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3780 Via Del Rey, Suite A	SAME
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.:
City & State: Bonita Springs, FL	City & State:
Zip: 34134 / Country: U.S.A	Zip: / Country:

4. FEI Number: 59-3685599 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Lottes, Kevin R. Esq. PORTER, WRIGHT, MORRIS & ARTHUR LLP 5801 Pelican Bay Blvd., Suite 300 Naples, FL 34108-2709	Name: David A. MEYERS Street Address (P.O. Box Number is Not Acceptable): 3780 Via Del Rey, Suite A City: Bonita Springs, FL Zip Code: 34134

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 [signature] 6-20-01 941-949-2915
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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER DAVID A. MEYERS 3780 VIA DEL REY, SUITE A Bonita Springs, FL 34134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004463090--3 -07/06/01--01113--002 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: [signature] 6-20-01 941-949-2915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #