

2002 UNIFORM BUSINESS REPORT (UBR)

0013461

DOCUMENT # L01000000729

1. Entity Name

MEDITERRANEAN VILLAGE, L.L.C.

FILED

02 JUL 16 PM 2: 14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



DO NOT WRITE IN THIS SPACE

Principal Place of Business 290 COCOANUT AVE. SARASOTA FL 34236	Mailing Address 290 COCOANUT AVE. SARASOTA FL 34236
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1083876	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

NORTON, SAM D
1819 MAIN ST., STE. 610
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name EDWARDS, SHERYL A
Street Address (P.O. Box Number is Not Acceptable)
1800 SECOND STREET
SUITE 757
City SARASOTA FL Zip Code 34243

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 *Sheryl A. Edwards* SHERYL A. EDWARDS, ESQUIRE 07/15/02
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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALK, BRUCE N 290 COCOANUT AVE. SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300006450412-04	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sheryl A. Edwards* 07/15/02 (941) 346-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone

CR2E083 (4/02)



ACCOUNT NO. : 0721000000032

REFERENCE : 664771 7143536

AUTHORIZATION : *Patricia Pyjot*

COST LIMIT : \$ 55.00

ORDER DATE : July 16, 2002

ORDER TIME : 11:58 AM

ORDER NO. : 664771-005

CUSTOMER NO: 7143536

CUSTOMER: Alyssa Sells, Legal Asst
Sheryl A. Edwards, P.a.
Suite 757
1800 Second Street
Sarasota, FL 34236

ANNUAL REPORT FILING

NAME: MEDITERRANEAN VILLAGE, L.L.C.

☒ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ PLAIN STAMPED COPY

☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Ginger Simmons-EXT#11390

RECEIVED
02 JUL 16 PM 12:56
DIVISION OF CORPORATE AFFAIRS
STATE OF FLORIDA
EXAMINER'S INITIALS: _____