


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90097 014 \*\*\*\*50.00

0005900

<b>DOCUMENT # L01000000729</b>		
1. Entity Name <b>MEDITERRANEAN VILLAGE, L.L.C.</b>		

Principal Place of Business <b>290 COCOANUT AVE.. BLDG. #1 SARASOTA FL 34236</b>	Mailing Address <b>290 COCOANUT AVE.. BLDG. #1 SARASOTA FL 34236</b>
---	---

2. Principal Place of Business <b>290 COCOANUT AVE. Suite, Apt. #, etc. BLDG. #1 - STE. #2 City &amp; State SARASOTA, FLA Zip 34236</b>	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip  Country
--	---



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent <b>EDWARDS, SHERYL A 1800 SECOND STREET, SUITE 757 SARASOTA FL 34243</b>	
---	--

7. Name and Address of New Registered Agent Name <b>BRUCE N. BALK, MANAGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>290 COCOANUT AVE. - BLDG. #1 STE. #2 City SARASOTA FL Zip Code 34236</b>	
--	--

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 <b>Bruce N. Balk</b> <b>MANAGER</b>	DATE <b>07/07/03</b>

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BALK, BRUCE N 290 COCOANUT AVE. SARASOTA FL 34236</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <b>Bruce N. Balk</b> <b>MANAGER</b> <b>07/07/03 (941) 366-3333</b>
---

CR2E083 (4/03)