

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90078 029 ****50.00

DOCUMENT # L01000000769

1. Entity Name

LDBR DEVELOPMENT, L.L.C.



Principal Place of Business

**95 LAURA HAMILTON BLVD.
SANTA ROSA BEACH FL 32459**

Mailing Address

**95 LAURA HAMILTON BLVD.
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

7 TOWN CENTER LOOP

3. Mailing Address

7 TOWN CENTER LOOP

Suite, Apt. #, etc.

C14

Suite, Apt. #, etc.

C14

City & State

SANTA ROSA BEACH FL

City & State

SANTA ROSA BEACH FL

Zip

32459

Country

US

Zip

32459

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3692135**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRANKLIN H. WATSON, P.A.
5365 E. COUNTY HIGHWAY 30A, SUITE 105
SEAGROVE BEACH FL 32459**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SMITH, WILLIAM H**
STREET ADDRESS **4935 E. CTY. HWY. 30-A**
CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

TITLE **MGRM** ☐ Delete
NAME **ROOKIS, RICHARD J**
STREET ADDRESS **95 LAURA HAMILTON BLVD.**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED

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

1/22/03

850 267-3400

Date

Daytime Phone #

CR2E083 (10/02)