

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90691 031 ****50.00

DOCUMENT # L01000000884

1. Entity Name

SIESTA BEACH FRONT, LLC



DO NOT WRITE IN THIS SPACE

30068320

2. Principal Place of Business

512 Treasure Boatway

Suite, Apt. #, etc.

3. Mailing Address

512 Treasure Boatway

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

65-1068515

Applied For

Not Applicable

Zip

34242

Country

U.S.

Zip

34242

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Daniel L. Prewett

Street Address (P.O. Box Number is Not Acceptable)

5777 Beneva Rd. South

City

SARASOTA

FL

Zip Code

34233

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Magee, David S. 512 Treasure Boatway Sarasota, Florida 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Magee, Carol A. 512 Treasure Boatway Sarasota, Florida 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

D. S. Magee

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

4/28/03

Date

Daytime Phone #

CR2E083B (12/02)