

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002421

1. Entity Name

SLAP COVE PLACE, LLC

Principal Place of Business

217 E OCEAN BLVD
STUART FL 34994

Mailing Address

217 E OCEAN BLVD
STUART FL 34994

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

165-1077650

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

GRAZI, LEIF J
217 E OCEAN BLVD
STUART FL 34994

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GRAZI, LEIF J
217 E. OCEAN BLVD.
STUART, FL. 34994

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GIANINO, PETER
217 E. OCEAN BLVD.
STUART, FL. 34994

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SARANAG, MARJORIE
217 E. OCEAN BLVD.
STUART, FL. 34994

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change 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: *[Signature]* SIGNATURE REQUIRED

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

7/12/02

286-0200

Daytime Phone #

CR2E083 (9/01)