

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003537			
1. Entity Name CORAZON DEVELOPMENT, LLC			
Principal Place of Business 3340 TAMiami TRAIL PORT CHARLOTTE, FL 33952		Mailing Address 3340 TAMiami TRAIL PORT CHARLOTTE, FL 33952	
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 65-1080437		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOJCIK, HAL ESQ. 223 TAYLOR ST. PUNTA GORDA, FL 33960		7. Name and Address of New Registered Agent Name: Terence P. Connolly, M.D. Street Address (P.O. Box Number is Not Acceptable) 3340 TAMiami TRAIL Pt Charlotte FL 33952	
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: <i>[Signature]</i>		DATE: 8/21/03	
50.00 Make Check Payable to Florida Secretary of State Due By May 1, 2004			
9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNELLY, TERENCE 3340 TAMiami TRAIL PORT CHARLOTTE, FL 33950	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, MARIO 3340 TAMiami TRAIL PORT CHARLOTTE, FL 33950	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 606, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		8/21/03 941-764 5858	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

90152570



CHECK HERE IF MAKING CHANGES

CR2003 (10/02)