

FILED
Jun 12, 2002 8:00 am
Secretary of State
05-15-2002 90050 012 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003739

1. Entity Name
PORT CHARLOTTE CHURCH GROUP, L.L.C.

Principal Place of Business Mailing Address
~~6710 MAIN STREET SUITE 230~~ ~~6710 MAIN STREET SUITE 230~~
~~MIAMI LAKES FL 33014~~ ~~MIAMI LAKES FL 33014~~

46 Bayshore Land Group, Inc. *46 Bayshore Land Group, Inc.*

2. Principal Place of Business 3. Mailing Address
255 Alhambra Circle *255 Alhambra Circle*

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 325 *Suite 325*

City & State City & State
Coral Gables FL *Coral Gables FL*

Zip Country Zip Country
33134 *USA* *33134* *USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0865297 ☐ Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required
☐

6. Name and Address of Current Registered Agent

LANGLEY, MARCIA H ESQ.
2255 GLADES ROAD
SUITE 419A
BOCA RATON FL 33431

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNBERRY BAYSHORE, LC 6710 MAIN STREET SUITE 233 MIAMI LAKES FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>255 Alhambra Circle, Suite 325</i> <i>Coral Gables, FL 33134</i>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Christopher J. Mac Nair V.P.* **4/30/02** **305-445-6161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)