2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-22-2002 90203 005 ****55.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000004805

1. Entity Name
CORAL LANDINGS, LLC

Principal Place of Business	Mailing Address
~~13451 MCGREGOR BLVD., SUITE 31~~ ~~FORT MYERS FL 33919~~	~~13451 MCGREGOR BLVD., SUITE 31~~ ~~FORT MYERS FL 33919~~

2. Principal Place of Business	3. Mailing Address
15065 McGregor Blvd.	15065 McGregor Blvd.
Suite, Apt. #, etc.: Unit #104	Suite, Apt. #, etc.: Unit # 104
City & State: Fort Myers	City & State: Fort Myers, FL.
Zip: 33908 Country: USA	Zip: 33908 Country: USA

4. FEI Number: 65 1094461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, THOMAS A 13451 ~~MCGREGOR BLVD., SUITE~~ 31 ~~FORT MYERS~~ FL 33919	Name: Thomas A Williams Street Address (P.O. Box Number is Not Acceptable): 15065 McGregor Blvd. Unit #104 City: Ft. Myers FL Zip Code: 33908

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], Thomas A Williams 05-01-02
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	Managing Member Premier Income Properties, Inc 15065 McGregor Blvd., Suite 104 Ft. Myers, FL. 33908 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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] Thomas A. Williams, 5-01-02 239-466-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #