

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 22 PM 3:34

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W 3/22

DOCUMENT # L01000005315

1. Entity Name

EMERALD KEY, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Gregory A. Martin, Esq.

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

2601 S. Bayshore Dr. 1600

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33133

Country

USA

Zip

Country

4. FEI Number

65-1095328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Gregory A. Martin, Esquire

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

2601 S. Bayshore Dr., 1600

City

Miami

FL

Zip Code

33133

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.

DATE

FEES \$60.00
Make Check Payable to Department of State
DUE BY MAY 11

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
M Savita Kezerle
c/o Gregory A. Martin, Esq.
STREET ADDRESS
2601 S. Bayshore Drive, 1600
CITY- ST- ZIP
Miami, Florida 33133

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR
NAME Mark Meyers
c/o Gregory A. Martin, Esquire
STREET ADDRESS
2601 S. Bayshore Drive, 1600
CITY- ST- ZIP
Miami, Florida 33133

TITLE NAME
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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:

Savita Kezerle 20th 2002

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

Date

Daytime Phone #

CR2E083B (12/01)

8

2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 488941 4330594

AUTHORIZATION :

COST LIMIT : \$ 50.00

Patricia P. Pitts

ORDER DATE : March 22, 2002

ORDER TIME : 11:32 AM

ORDER NO. : 488941-035

CUSTOMER NO: 4330594

CUSTOMER: Ms. Debbie Budde
Adorno & Zeder, P.a.
Suite 1600
2601 South Bayshore Drive
Miami, FL 33133

ANNUAL REPORT FILING

NAME: EMERALD KEY, LLC

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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TX#1155

EXAMINER'S INITIALS: _____
02 MAR 22 PM 1:55

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