

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90098 025 \*\*\*\*50.00

**DOCUMENT # L01000005756**

1. Entity Name

**EXPLORE REAL ESTATE, L.L.C.**



Principal Place of Business

Mailing Address

**4000 ROYAL MARCO WAY, UNIT NO. 322  
MARCO ISLAND FL 34145**

**4000 ROYAL MARCO WAY, UNIT NO. 322  
MARCO ISLAND FL 34145**

2. Principal Place of Business

3. Mailing Address

**1136 N.E. PINE ISLAND RD.**

**1136 N.E. PINE ISLAND RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE # 14**

**SUITE # 14**

City & State  
**CAPE CORAL, FL**

City & State  
**CAPE CORAL, FL**

Zip

Country

**33909**

**LEE**

Zip

Country

**33909**

**LEE**

4. FEI Number **59-3719739**

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

**BIBB, MARILYN  
4000 ROYAL MARCO WAY  
UNIT 322  
MARCO ISLAND FL 34145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MARILYN BIBB**

Signature, typed or printed name of registered agent and title if applicable.

*Marilyn Bibb*

(NOTE: Registered Agent signature required when reinstating)

**9/9/03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **BIBB, MARILYN**  
STREET ADDRESS **4000 ROYAL MARCO WAY, UNIT NO. 322**  
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **MARILYN BIBB**

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

**9/8/03 937-454-2222**

Date Daytime Phone #

CR2E083 (4/03)