

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90274 013 \*\*\*\*55.00

0063280

**DOCUMENT # L01000006471**

1. Entity Name  
**OLD GROVE SOUTH LC**



Principal Place of Business

P.O. BOX 1222  
HOLMES BEACH FL 34218  
US

Mailing Address

P.O. BOX 1222  
HOLMES BEACH FL 34218  
US

2. Principal Place of Business

**PO BOX 1222**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HOLMES BEACH FL**

City & State

**HOLMES BEACH FL**

Zip

**34218**

Country

**USA.**

Zip

**34218**

Country

**USA.**

6. Name and Address of Current Registered Agent

**WINHEIM, CHARLES T  
116 52ND ST  
HOLMES BEACH FL 34217**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

SIGNATURE

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WINHELM, CHARLES T  
BOX 1222  
HOLMES BEACH FL 34218**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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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 608, Florida Statutes.

SIGNATURE:

*Signature of Charles T. Winhelm*

**4/30/03**

**941-758-1899**

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

Date

Daytime Phone #

CR2E083 (10/02)