

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

DOCUMENT # L01000006748

1. Entity Name

MARCO GULFVIEW PROPERTIES, L.L.C.

05-05-2002 90215 001 \*\*\*\*50.00  
05-05-2002 90215 002 \*\*\*\*\*5.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

140 SEAVIEW COURT

Suite, Apt. #, etc.

1002 N

3. Mailing Address

8 ELIZABETH AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MARCO ISLAND FLORIDA

City & State

GRAND HAVEN MI

4. FEI Number

59-371 5622

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Craig R. Woodward, Esquire

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

606 Bald Eagle Drive, Suite 500

City

Marco Island

FL

Zip Code

34145

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

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FRANS W. JUNGSLAGER, MGR  
8 ELIZABETH AVE  
GRAND HAVEN MI 49417

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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:

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

23 APRIL 02

616 392-6393

Date

Daytime Phone #

CR2E083B (12/01)