

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90298 039 ****50.00

DOCUMENT # **L01000008450**

1. Entity Name
2991 SHORE LANE LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2991 Shore Lane** Mailing Address
BOCA GRANDE, FL. P.O. BOX 1786

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **BOCA GRANDE, FL.** City & State **BOCA GRANDE, FL.**

4. FEI Number **58-2626132** Applied For
Not Applicable

Zip **33921** Country **USA** Zip **33921** Country **USA**

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 **KAY A. WAGNER (MGR)**
Street Address **2991 Shore Lane LLC**
City **BOCA GRANDE, FL** Zip Code **33921**

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]** Mgr. **(KAY A. WAGNER)** DATE **3-1-03**

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAY A. WAGNER 2991 SHORE LANE BOCA GRANDE, FL. 33921	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E083B (12/02)

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]** **KAY A. WAGNER, MGR** DATE **3-1-03** DAYTIME PHONE # **941-964-1464**