

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90017 030 \*\*\*\*50.00

0031407

**DOCUMENT # L01000008776**

1. Entity Name

**LAND SHARK FUND, LLC**



Principal Place of Business

**114 LIGHTHOUSE DRIVE  
JUPITER FL 33469**

Mailing Address

**114 LIGHTHOUSE DRIVE  
JUPITER FL 33469**

2. Principal Place of Business

**32 SHADY LANE**

Suite, Apt. #, etc.

3. Mailing Address

**32 SHADY LANE**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**TEQUESTA, FL**

City & State

**TEQUESTA, FL**

4. FEI Number

**65-1110080**

Applied For

☐ Not Applicable

Zip

**33469**

Country

**USA**

Zip

**33469**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

**PATRICK F. MAHONEY**

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

**32 SHADY LANE**

City

**TEQUESTA, FL**

FL

Zip Code

**33469**

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

*Patrick F. Mahoney*

**3/31/3**

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 **MGRM** ☐ Delete  
NAME **WHEATRICK INC**  
STREET ADDRESS **1253 GUERRERO ST**  
CITY-ST-ZIP **SAN FRANCISCO CA 94110**

TITLE **MGR** ☐ Delete  
NAME **COLOTOS, PETER**  
STREET ADDRESS **1135 GRAND CAT DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **WHEATRICK, INC.**  
STREET ADDRESS **3100 SILVERADO TRAIL**  
CITY-ST-ZIP **ST. HELENA, CA 94574**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **COLOTOS, PETER**  
STREET ADDRESS **1135 GRAND CAT DR**  
CITY-ST-ZIP **W.P.B. FL 33418**

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

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

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

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:

*Patrick F. Mahoney*

**PATRICK**

**MAHONEY**

**3/31/3**

**5617470577**

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

Date

Daytime Phone #

CR2E083 (10/02)