2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010958

1. Entity Name

SUMNER BEACH CLUB, L.L.C.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90685 021 ****50.00

Principal Place	of Business	Mailing Address	- .							
13114 SKIING PARADISE BLVD.		13114 SKIING PARADISE BLVD. CLERMONT FL 34711]					
CLERMONT FL 34	1 /11	OLLIMOIT 12 01171			1 10011011	811 99181 11811 19 111 18 11) 58 11	N 9910 N 19 1 0 1	8128 1828 8 28	H 1871 (188)	
		la Marilla dalango	-							
2. Principal Pla	ce of Business	3. Mailing Address			1 15011611	All Raidt (fait dout gous ans	() BB(B) ((Q)) 6	8 18 15181 PII	61 (9 11 134)	
Suite, Apt. #.	etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
331.3, 7 (pt						4. FEI Number 59-3730196 Applied For				
City & State		City & State	City & State			s 59-3730196			Applicable	
Zip	Country	Zip	Coun	try	5 Certificate	of Status Desired		.00 Add		
Zip		·	<u> </u>	_		Address of New Regi		e Required	<u>'</u>	
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New Neg	atorea Age			
GRIMM, DENISE					- (D.O. Bay Numb	or is Not Acceptable)				
13114	SKIING PARADISE BLVD	Street Ad		Street Addre	ess (P.O. Box Number is Not Acceptable)					
CLER	MONT FL 34711									
				City			FL	Zip Code	. ·	
	named entity submits this statement		te register	and office or rec	vistared agent, or bo	th in the State of Florid		niliar with,	and accept	
8. The above r	named entity submits this statement ons of registered agent.	for the purpose of changing	its register	ed dilice of reg	gistored agonit, or o	,				
	nis di ragiotaras agrico									
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Register	ed Agent signature re	equired when reinstating)		DATE			
	 	FILE	!!!WON	FEE IS \$50.	.00				ļ	
		Make Check Paya	able to F	Iorida Depar lay 1, 2003	tment of State				ĺ	
						ADDITIONS/C	HANGES			
9.		BERS/MANAGERS	10.			ADDITIONOTO		Change	☐ Addition	
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NAME STREET ADDRESS	13114 SKIING PARADISE BL\	/D	STI	REET ADDRESS						
CITY-ST-ZIP	CLERMONT FL 34711		CIT	Y-ST-ZIP				Change	Addition	
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CITY-ST-ZIP				1) 1 - O1 - Z1F		aVi) Florido Statutos I	further cert	ify that the	information	

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:

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-2003

357-429-2178

Daytime Phor

CR2E083 (10/02)