

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90133 025 \*\*\*\*50.00

**DOCUMENT # L01000012220**

1. Entity Name  
**WET DESERT PROPERTIES, LLC**



Principal Place of Business

**4647 E. ROBIN HOOD TRL  
SARASOTA FL 34232-2642**

Mailing Address

**4647 E. ROBIN HOOD TRL  
SARASOTA FL 34232-2642**

2. Principal Place of Business

**2315 53<sup>rd</sup> ST  
Suite, Apt. #, etc.**

3. Mailing Address

**2315 53<sup>rd</sup> ST  
Suite, Apt. #, etc.**

City & State

**SARASOTA FL**

City & State

**SARASOTA FL**

Zip  
**34234-3107**

Country  
**US**

Zip  
**34234-3107**

Country  
**US**

4. FEI Number **65-1124000**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAQUETTE, DENNIS**

**4647 E. ROBIN HOOD TRL  
SARASOTA FL 34232-2642**

Name

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

**2315 53<sup>rd</sup> ST**

City

**SARASOTA**

FL

Zip Code

**34234**

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 *Dennis Paquette*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/3/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE <b>PS</b>	<input type="checkbox"/> Delete
NAME <b>PROVETTE, DENNIS</b>	
STREET ADDRESS <b>4647 E. ROBIN HOOD PL</b>	
CITY-ST-ZIP <b>SARASOTA FL 34232</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>PHILLIPS, PHILIP L</b>	
STREET ADDRESS <b>4647 E. ROBIN HOOD PL</b>	
CITY-ST-ZIP <b>SARASOTA FL 34232</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>PS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PAQUETTE, DENNIS</b>	
STREET ADDRESS <b>2315 53<sup>rd</sup> ST</b>	
CITY-ST-ZIP <b>SARASOTA FL 34234-3107</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>2315 53<sup>rd</sup> ST</b>	
STREET ADDRESS <b>SARASOTA FL 34234-3107</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Dennis Paquette* **DENNIS PAQUETTE 1/3/03**

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

Date

Daytime Phone #

CR2E083 (10/02)