

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000012630

1. Entity Name

OLD WOODEN BRIDGE FISHING CAMP, LLC



FILED

**Apr 16, 2003 8:00 am
Secretary of State**

04-16-2003 90035 013 ****50.00

Principal Place of Business

1791 BOGIE DRIVE
BIG PINE KEY FL 33043
US

Mailing Address

8500 SOUTHWEST 107TH STREET
MIAMI FL 33156
US

2. Principal Place of Business

3. Mailing Address

1791 Bogie Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Big Pine Key, FL

Zip

33043

Country

U.S.A.

4. FEI Number

65-1134450

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

BLACK, JAMES C
8500 SOUTHWEST 107TH STREET
MIAMI FL 33156

Name

Black, James C.

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

1791 Bogie Drive

City

Big Pine Key,

FL 33043

Zip Code

CHECK HERE IF MAKING CHANGES

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 *James C. Black*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *3/21/03*

**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 Delete
NAME MGR
STREET ADDRESS OLDWOODEN BRIDGE MANAGEMENT CORP
CITY-ST-ZIP 8500 SW 107TH STREET
MIAMI FL 33156

TITLE Change Addition
NAME Old Wooden Bridge Mgmt Corp.
STREET ADDRESS 1791 Bogie Drive
CITY-ST-ZIP Big Pine Key, FL 33043

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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TITLE Delete
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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: *James C. Black*

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

3/21/03

305-606-6489

Daytime Phone #

CF2E083 (10/02)