

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # L01000012630**

1. Entity Name

**OLD WOODEN BRIDGE FISHING CAMP, LLC**



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

City & State

**Big Pine Key, FL**

Zip

Country

Zip

Country

**33043**

**U.S.A.**

4. FEI Number **65-1134450**

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

**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

Zip Code

**33043**

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)

**3/21/03**

DATE

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

TITLE **MGR** ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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:

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

**3/21/03**

Date

**305-606-6489**

Daytime Phone #

CR2E083 (10/02)