

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90013 049 ****50.00

DOCUMENT # L01000013872

1. Entity Name

BISCAYNE PLAZA, LLC



Principal Place of Business

**1284 NORTH PALM AVENUE
SARASOTA FL 34236**

Mailing Address

**1284 NORTH PALM AVENUE
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

65-1130767

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

**HECKER, SUSAN B
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

Name

ANDREW MARCUS

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

330 S. PINEAPPLE AVE. #115

City

SARASOTA

FL

Zip Code

34236

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

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

(NOTE: Registered Agent signature required when reinstating)

3/5/03

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 NAME	MGRM MARCUS, ANDREW	<input type="checkbox"/> Delete
STREET ADDRESS	1284 N PALM AVENUE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE NAME	MGRM MARCUS, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	1284 N PALM AVENUE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	330 S. PINEAPPLE AVE #115	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	330 S. PINEAPPLE AVE #115	
CITY-ST-ZIP	SARASOTA, FL 34236	
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (10/02)

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:

ANDREW MARCUS

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

3/5/03

Date

941-87-3329

Daytime Phone #