

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90103 035 ****50.00

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1. Entity Name

EMERALD DUNES MANAGEMENT, L.L.C.



Principal Place of Business

**2100 EMERALD DUNES DRIVE
WEST PALM BEACH FL 33401**

Mailing Address

**2100 EMERALD DUNES DRIVE
WEST PALM BEACH FL 33401**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1136642**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHERRY, RICHARD G
1665 PALM BEACH LAKES BLVD.
SUITE 600
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **RICHARD G. CHERRY**

Street Address (P.O. Box Number is Not Acceptable)
4400 PGA BLVD, SUITE 900

City **PALM BEACH GARDENS**

FL

Zip Code **33410**

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)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **FINCH, RAYMOND R**
STREET ADDRESS **2100 EMERALD DUNES DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **MGR** ☐ Delete
NAME **FINCH, RAYMOND R JR**
STREET ADDRESS **2100 EMERALD DUNES DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E083 (10/02)