## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 22, 2002 8:00 am Secretary of State DOCUMENT # L01000015024 1. Entity Name GASPARILLA V. LLC 08-22-2002 90003 027 \*\*\*\*50.00 Principal Place of Business Mailing Address 421 PARK AVE. P.O. BOX 1364 BOCA GRANDE FL 33921 BÒCA GRANDE FL 33921 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-1149455 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .WHIGHAM, DAVID L ESQ. )tewart 16401 MURDOCK CIRCLE Street Address PORT CHARLOTTE FL 33948 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM ☐ Delete TITLE ☐ Change ☐ Addition Caron Stewart NAME NAME P.O. BOX 1364 STREET ADDRESS STREET ADDRESS Bosa Grande, FL 33921 CITY-ST-7IP CITY-ST-7IP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition Robert A. Melvin TV NAME STREET ADDRESS P.O. BOX 1364 STREET ADDRESS CITY-ST-ZIP Boca Grande, Fl 33921 CITY-ST-ZIP TITLE ☐ Delete TITLE MGRM ☐ Addition NAME Randy Woscik STREET ADDRESS STREET ADDRESS P.O. BOX 1364 CITY-ST-ZIP CITY-ST-ZIP Boxa Grande, FL 33921 TITLE ☐ Delete TITLE MGR ☐ Change Addition NAME NAME Carol Lockett STREET ADDRESS STREET ADDRESS P.O. BOX 1364 CITY-ST-ZIP CITY-ST-ZIP Boca Grande, FL 33921 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Tean Rebeck NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1364 CITY-ST-ZIP CITY-ST-ZIP Grande, FL 33921 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

8/14/02 (941)964-5650 RE: Kebeck, Manager

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

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 truetee empsymered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP