## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 30, 2002 8:00 am Secretary of State DOCUMENT # L01000016076 05-07-2002 90210 001 \*\*\*150.00 CORAL HAMMOCK LLC Principal Place of Business Mailing Address 89887 210 S. PARSONS AVENUE 210 S. PARSONS AVENUE SUITE 12 BRANDON FL 33511 SUITE 12 **BRANDON FL 33511** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-Not Applicable Zip Country 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 Name FELDMAN, KOENIG & HIGHSMITH, P.A. Street Address (P.O. Box Number is Not Acceptable) 3158 NORTHSIDE DRIVE KEY WEST FL 33040 City Zip Code 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. SIGNATURE Sgnature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstalling) CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TTRE MGRM O Delete TITLE Change NAME CORTEX DEVELOPMENT GROUP LLC ■ Addition MALIE STREET ADDRESS 210 S. PARSONS AVENUE, SUITE 12 STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST\_ZIP \_ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP : CITY-ST-ZIP TITLE ☐ Delete ☐ Change MALAG ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P mie ☐ Defete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 tree 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 liability company of the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**