

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/21

FILED
Feb 13, 2003 8:00 am
Secretary of State

01-22-2003 90104 026 ****55.00

DOCUMENT # L01000017015



1. Entity Name
SDP'S CLEARWATER BEACH RESORT LLC

Principal Place of Business
**19201 WEST OAKMONT DR.
MIAMI FL 33015**

Mailing Address
**19201 WEST OAKMONT DR.
MIAMI FL 33015**

55006462



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1144235**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**EDWARDS, DEBORAH M
4960 SW 72ND AVE. #301
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNY, STEWART 19201 WEST OAKMONT DR. MIAMI FL 33015 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNY, SEAN 19201 WEST OAKMONT DR. MIAMI FL 33015 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNY, DONNA 19201 WEST OAKMONT DR. MIAMI FL 33015 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNY, LANCE 19201 WEST OAKMONT DR. MIAMI FL 33015 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

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

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 REQUIRED

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

Date

Daytime Phone #

2-11-03 305-829-1242

CR2E083 (10/02)