

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0018732

DOCUMENT # L01000017128

1. Entity Name
SOUTH BAY DEVELOPERS VI, L.C.



FILED

03 JUL 10 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

104 CRANDON BLVD., SUITE 306
KEY BISCAYNE FL 33149

Mailing Address

104 CRANDON BLVD., SUITE 306
KEY BISCAYNE FL 33149

2. Principal Place of Business

50 W. NASHITA DR.

3. Mailing Address

50 W. NASHITA DR.

(Suite) Apt. #, etc.

2

(Suite) Apt. #, etc.

2

City & State

KEY BISCAYNE, FLORIDA

City & State

KEY BISCAYNE, FLORIDA

Zip

33149

Country

Zip

33149

Country

4. FEI Number 65-1152924

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

CORTES, ROBERTO
ALLEGIANCE PARTNERS
104 CRANDON BLVD STE 306
KEY BISCAYNE FL 33149

Name

CORTES, ROBERTO

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

ALLEGIANCE PARTNERS

50 W. NASHITA DR. #2

City

KEY BISCAYNE

FL

Zip Code

33149

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

07/07/03

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 P
NAME CORTES, ROBERTO
STREET ADDRESS 104 CRANDON BLVD # 308
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE PRESIDENT
NAME ROBERTO CORTES
STREET ADDRESS 50 W. NASHITA DR. #2
CITY-ST-ZIP KEY BISCAYNE, FL. 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X

SIGNATURE

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

Date

Daytime Phone #

07/07/03 (805)365766

CR2E083 (10/02)