

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/30/2003-90185-006-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -7 PM 3:02



DOCUMENT # L01000017518

1. Entity Name
MANIKISE BEACH HOUSE, LLC

Principal Place of Business
10903 KEWANEE DRIVE
TAMPA FL 33617

Mailing Address
10903 KEWANEE DRIVE
TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

105 7TH ST S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT B

City & State

BRADENTON BCH, FL

Zip

Country

34217

USA

4. FEI Number. APPLIED FOR

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

HARRISON, G. JOSEPH
1208 MANATEE AVE. WEST
BRADENTON FL 34205

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 MGRM
NAME SHAUGHNESSY, JOSEPH P ☐ Delete
STREET ADDRESS 10903 KEWANEE DRIVE
CITY-ST-ZIP TAMPA FL 33617

TITLE MGRM
NAME SHAUGHNESSY, BRIANA B ☐ Delete
STREET ADDRESS 10903 KEWANEE DRIVE
CITY-ST-ZIP TAMPA FL 33617

TITLE MGRM
NAME SHAUGHNESSY, WILLIAM W ☐ Delete
STREET ADDRESS 10903 KEWANEE DRIVE
CITY-ST-ZIP TAMPA FL 33617

TITLE MGRM
NAME SHAUGHNESSY, TIMOTHY J ☐ Delete
STREET ADDRESS 10903 KEWANEE DRIVE
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME 04/30/03 90185 006 ☐ Change ☐ Addition
STREET ADDRESS 50.00
CITY-ST-ZIP

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

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

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

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

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

4-23-03

941-680-4259

Date

Daytime Phone #

CR2E083 (10/02)