FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92168 045 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017995

1. Entity Name
COAST LAKE MARY, P.L.

Principal Place of Business
2500 WEST LAKE MARY BLVD., SUITE 106
LAKE MARY, FL 32746

Mailing Address
2500 WEST LAKE MARY BLVD., SUITE 106
LAKE MARY, FL 32746

2. Principal Place of Business

3. Mailing Address
2502 ROCKY POINT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.
1000

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
TAMPA, FL

4. FEI Number
59-3737338
☐ Applied For
☐ Not Applicable

Zip | Country

Zip
33607

Country
USA

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUIE, PATRICIA
2502 ROCKY POINT DRIVE, SUITE 1000
TAMPA, FL 33607

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's signature required when resigning) DATE

*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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM COAST FLORIDA, P.A. 2502 ROCKY POINT DRIVE, SUITE 1000 TAMPA, FL 33607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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.

AUTHORIZED REP.

SIGNATURE: Gregory C. Hubner GREGORY C. HUBNER, CPA 5/1/03 (813) 286-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)