

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90019 036 ****50.00

DOCUMENT # L01000018523

1. Entity Name

TRIESTE 1605, LLC

Principal Place of Business

**821 FIFTH AVE. SOUTH, STE. 201
 NAPLES FL 34102**

Mailing Address

**821 FIFTH AVE. SOUTH, STE. 201
 NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

8805 Tamiami Trl

Suite, Apt. #, etc.

147

City & State

Naples, Fla.

Zip

34108

Country

USA

City

Naples

State

FL

Zip Code

34102

Country

USA

City

Naples

State

FL

Zip Code

34102

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USA

City

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Zip Code

34102



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3751867

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

**NOVATT, JEFF M ESQ.
 CHEFFY, PASSIDOMO, WILSON & JOHNSON LLP
 821 FIFTH AVE. SOUTH, STE. 201
 NAPLES FL 34102**

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.

SIGNATURE

[Signature]

2/11/02

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 Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Managing Member** ☐ Delete
 NAME **Joe William Ingram, Jr.**
 STREET ADDRESS **7225 Pelican Bay Boulevard, Unit 1705**
 CITY-ST-ZIP **Naples, FL 34108**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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]

2/11/02

704-904-7383

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

Date

Daytime Phone #

CR2E083 (9/01)