

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000019572

1. Entity Name

CLEARWATER BAY MARINA, LLC



FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90041 028 ****50.00

Principal Place of Business

**900 N OSCEOLA AVENUE
CLEARWATER FL 33755**

Mailing Address

**250 PATRICK BLVD., STE. 140
BROOKFIELD WI 53045**

2. Principal Place of Business

3. Mailing Address

N19 W24130 Riverwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Waukesha, WI

Zip

Country

Zip

Country

53188

US

4. FEI Number **59-3761365**

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

**NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL NORTH, STE. 300
NAPLES FL 34103-3060**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FLORIDA MARINE DEVELOPERS LLC
2435 US HIGHWAY 19 SUITE 350
HOLIDAY FL 34691** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CLEARWATER BAY INVESTORS, LLC
240 BAYSIDE DRIVE
CLEARWATER FL 33767** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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

1/17/03

262-522-8990

Date

Daytime Phone #

CR2E083 (10/02)