

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020999

1. Entity Name  
DMC MEDICI #16, LLC



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5668 STRAND COURT  
C/O LANDMARK DEVELOPMENT GROUP  
NAPLES, FL 34110

Mailing Address  
5668 STRAND COURT  
C/O LANDMARK DEVELOPMENT GROUP  
NAPLES, FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3759499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLASP INC.  
3001 TAMiami TRAIL NORTH  
4TH FLOOR  
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name  
Cohen & Grigsby, P.C.  
Street Address (P.O. Box Number is Not Acceptable)  
27200 Riverview Center Boulevard  
Suite 309  
City Bonita Springs FL Zip Code 34134

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]*  
Signature, typed or printed name of registered agent and title if applicable.

DIRECTOR  
(NOTE: Registered Agent's signature required when reinstating)

4/29/03  
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 NAME MGR ☐ Delete  
NAME CROWLEY, DAVID  
STREET ADDRESS 5668 STRAND COURT  
CITY-ST-ZIP NAPLES, FL 34110

TITLE NAME MGR ☐ Delete  
NAME DIAMOND, MICHAEL  
STREET ADDRESS 5668 STRAND COURT  
CITY-ST-ZIP NAPLES, FL 34110

TITLE NAME MGR ☐ Delete  
NAME PIERCE, CHRIS  
STREET ADDRESS 5668 STRAND COURT  
CITY-ST-ZIP NAPLES, FL 34110

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

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

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

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200017864642  
CITY-ST-ZIP 05/02/03--01017--037 \*\*\*50.00

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

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE NAME ☐ 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 606, Florida Statutes.

SIGNATURE:

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

4/28/03 239-597-8400  
DATE DAYTIME PHONE #

CR2E083 (10/02)