

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

DOCUMENT # L01000021119

1. Entity Name

Palm Cove Marina II LLC

FILED

02 AUG 15 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
700 SW Map Road

3. Mailing Address
3103 Philmont Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm City, FL

City & State
Huntingdon Valley, PA

4. FEI Number

Applied For

☒ Not Applicable

Zip
34990

Country
USA

Zip
19006

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

200007160902--6
-08/16/02--01013--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

| | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Michael J. Donnelly, MGR 5300 W. Atlantic Avenue, Suite 300 Delray Beach, FL 33484 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Robert Fordham, MGR 16100 One Mile Road Delray Beach, FL 33446 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Roger Dalal, MGR 700 SW Map Road Palm City, FL 34990 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Michael J. Donnelly, Manager

Date

(561)637-8890

Daytime Phone #

CR2E083B (12/01)