

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0009586

DOCUMENT # L01000021119

1. Entity Name

PALM COVE MARINA II LLC



FILED

03 APR 28 AM 8:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

700 SW MAP ROAD
PALM CITY FL 34990

Mailing Address

3103 PHILMONT AVE.
HUNTINGDON VALLEY PA 19006

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

NOT APPLICABLE

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 MGR
NAME DONNELLY, MICHAEL J
STREET ADDRESS 5300 W. ATLANTIC AVE. SUITE 300
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE Mgr
NAME Michael Donnelly ☒ Change ☐ Addition

TITLE MGR
NAME FORDHAM, ROBERT
STREET ADDRESS 16100 ONE MILE ROAD
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000017210260
04/28/03--01105--011 **50.00

TITLE MGR
NAME DALAL, ROGER
STREET ADDRESS 700 SW MAP ROAD
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ 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 608, Florida Statutes.

SIGNATURE

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

Michael Donnelly
Manager

(561) 637-8890

Date

Daytime Phone #

CR2E083 (10/02)