

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

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90160 042 ****50.00

DOCUMENT # L01000021934

1. Entity Name

LONGBOAT KEY PARTNERS, L.L.C.

DO NOT WRITE IN THIS SPACE

972003

2. Principal Place of Business

7216 Marston Ct.

Suite, Apt. #, etc.

3. Mailing Address

7216 Marston Ct.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
University Park, FL

City & State
University Park, FL

4. FEI Number

60-0000540

Applied For

Not Applicable

Zip
34201

Country
U.S.A.

Zip
34201

Country
U.S.A.

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
NORTON, SAM D.

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

1819 MAIN ST., STE. 610

City
SARASOTA

FL

Zip Code
34236

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IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BLUEWATER DEVELOPMENT OF
SARASOTA, L.L.C.
7216 MARSTON CT.
UNIVERSITY PARK, FL 34201

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

CR2E083B (12/01)