

FILED
Jul 08, 2002 8:00 am
Secretary of State

05-30-2002 91595 011 ****50.00

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

DOCUMENT # L01000022169

1. Entity Name

PORT ROYAL DEVELOPMENT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PORT ROYAL DEVELOPMENT

Suite, Apt. #, etc.

3. Mailing Address

3055 Terramar Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

3055 Terramar Drive

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

01-0553440

Applied For

Not Applicable

Zip

34119

Country

USA

Zip

34119

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

7. Name and Address of Current Registered Agent

Name

Arthur Scheinholz

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

3055 Terramar Drive

City

Naples

FL

Zip Code

34119

**DO NOT WRITE
 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.

6/27/02

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
 MGRM
 Arthur Scheinholz
 3055 Terramar Drive
 Naples, FL 34119

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 Enrique Darer
 3055 Terramar Drive
 Naples, FL 34119

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 Don Mignosa
 3055 Terramar Drive
 Naples, FL 34119

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 Peter Bourassa
 3055 Terramar Drive
 Naples, FL 34119

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**DO NOT WRITE
 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 #

2/12/2002

(941) 593-7373

CR2E083B (12/01)