

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000000208

FILED
Feb 28, 2002 8:00 AM
Secretary of State

Entity Name: D & G LAND DEVELOPMENT, L.L.C.

Current Principal Place of Business:

2025 LAGUNA WAY
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2025 LAGUNA WAY
NAPLES, FL 34109

New Mailing Address:

FEI Number: 30-0033327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONROY, J. THOMAS III
2025 LAGUNA WAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MOLA, DAVID
Address: 2025 LAGUNA WAY
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: MOLA, MARYBETH
Address: 2025 LAGUNA WAY
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: HALL FAMILY PARTNERS, HIP, LTD.
Address: 500 OCEAN DRIVE
City-St-Zip: JUNO BEACH, FL 33408

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HALL FAMILY PARTNERS, HIP, LTD.
Address: 700 OCEAN ROYALE WAY
City-St-Zip: JUNO BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARYBETH MOLA

MGRM

02/28/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date