2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2003 8:00 am Secretary of State

DOCUMENT # L0200000430 1. Entity Name RIO KEY PLAZA, LLC						04-08-200	90027 029	***	50.00	
Principal Plac	ce of Business			7						
1014 NW PINE STUART FL 34		1014 NW PINELAKE DRIVE STLIART:FL 34994	1014 NW PINELAKE DRIVE STUART:FL 34994							
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Principal Place of Business 3. Mailing Address			_							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number Applied For					
Zip - Country		Zip	ntry	42	- 15874	<u> 35 </u>		Applicable		
2.p		Elp Coll			y 5. Certificate of Status Desired					
	6. Name and Address of Curre	nt Registered Agent		Nome	7. Name a	nd Address of New F	eglatered Agent			
Litt	MAN, SHERLOCK & HEIMS, P.A		-	Name						
618 E. OCEAN BLVD.				Street Address	(P.O. Box Num	nber is Not Acceptable)			
Suite 5 : Stuart Fl 34994										
		•	•				FL Z	p Code		
8. The above	named entity submits this statement	for the purpose of changing its	register	red office or register	red agent, or t	ooth, in the State of Flo		with a	and accept	
	ions of registered agent.	The property of the same of th			00 09 0; 11, 01				a uuuupi	
SIGNATURE .	Signature, typed or printed name of registered age	on and title if englishing the INOTE	· One-interest	enders signature required	t un an minutation)		DATE			
		- 1		FEE IS \$50.00		 	UNIE .	<u> </u>		
		Make Check Payabl		•	nt of State	} .				
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9.		BERS/MANAGERS	10.			ADDITIONS	CHANGES			
MLESS 15	MGR .	D2 Delete	TITL				C	ange	Addition	
NAME STREET ADDRESS	JERNER, BRUCE 4111 NE CHERI DR.	•	NAV STRI	EET ADDRESS						
CITY-ST-ZIP	JENSEN BEACH FL 34957			(-ST-ZIP						
TITLE	MGR	☐ Delete	TITL	E			C:	ange	Addition	
NAME EXPORT ADDRESS	Baber, Roger 1014 NW Pinelake Dr.	,	NAM							
STREET ADDRESS CITY-ST-ZIP	STUART FL 34994			EET ADORESS '-ST-ZIP						
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STREET ADDRESS	" " " " " " " " " " " " " " " " " " "	** - F - S		ET ADDRESS		3			C1-18	
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STREET ADDRESS		7.7		ET ADDRESS	3. 2	:				
CITY-ST-ZIP		<u> </u>		-ST-ZIP	· ·	·				
11. I hereby or indicated of limited liab	ertify that the information supplied with on this report is true and accurate an ability company or the receiver or trust	th this filing does not qualify for d that my signature shall have the empowered to execute this record to the control of the	ne same eport as	e legal effect as if m required by Chapt	ction 119.07(3 nade under oa er 608, Florida	l)(i), Florida Statutes. I th; that I am a manag a Statutes.	further certify that ng member or ma	the info	ormation of the	