

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-06-2003 90133 026 ****50.00

DOCUMENT # L02000001695

1. Entity Name
GREEN DESERT PROPERTIES, LLC



Principal Place of Business

**4647 E ROBIN HOOD TRL
SARASOTA FL 34232-2642**

Mailing Address

**4647 E ROBIN HOOD TRL
SARASOTA FL 34232-2642**

55003983

2. Principal Place of Business

**2315 53rd St
Suite, Apt. #, etc.**

3. Mailing Address

**2315 53rd St
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FFL Number
01-0593131

Applied For
Not Applicable

Zip
34234-3107

Country
USA

Zip
34234-3107

Country
USA

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

PAQUETTE, DENNIS

**4647 E ROBIN HOOD TRL
SARASOTA FL 34232-2642**

Name

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

2315 53rd St

City
SARASOTA

FL **34234**

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]*

DATE **1/31/03**

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 **PD** ☐ Delete
NAME **DENNIS PAQUETTE**
STREET ADDRESS **2315 53rd St**
CITY-ST-ZIP **SARASOTA FL 34234-3107**

TITLE ☐ Change ☒ Addition
NAME **DENNIS PAQUETTE**
STREET ADDRESS **2315 53rd St**
CITY-ST-ZIP **SARASOTA FL 34234-3107**

TITLE **VPD** ☐ Delete
NAME **PHILIP L PHILLIPS**
STREET ADDRESS **2315 53rd St**
CITY-ST-ZIP **SARASOTA FL 34234-3107**

TITLE ☐ Change ☒ Addition
NAME **PHILIP L PHILLIPS**
STREET ADDRESS **2315 53rd St**
CITY-ST-ZIP **SARASOTA FL 34234-3107**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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]* **DENNIS PAQUETTE** **1/31/03**

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

Date

Daytime Phone #

CR2E083 (10/02)