2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200003692

1. Entity Nam CANCUN	GOLF PARTNERS, LLC)	03-14-2003 90020 (JOJ 30.0	30
Principal Place of Business Mailing Address					7			
2910 WEST BAY TO BAY BOULEVARD TAMPA FL 33629		2910 WEST BAY TO BAY BOULEVARD TAMPA FL 33629						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	CHECK HERE IF MAKI	NG CHANGES	
City & State		City & State			4. FEI Nun	applied for		oplied For ot Applicable
Zip	Country	Zip	Coun	try	1	ate of Status Desired	\$5.00 Add Fee Require	
	6. Name and Address of Currer	nt Registered Agent			7. Name a	nd Address of New Registere	d Agent	
חי∩	EILL, ALBERT C. JR.			Name				ļ
101	EAST KENNEDY BOULEVARD, S PA FL 33601	SUITE 2700		Street Address (P.O. Box Number is Not Acceptable)				
IAM	IFA FL 33001						17.70	
				City		F	Zip Cod	e
	named entity submits this statement ions of registered agent.					ooth, in the State of Florida. I a		and accept
<u> </u>	Signature, typed or printed name of registered age			d Agent signature require	d when reinstating)	UAII		
	6 _a	Make Check Paya		FEE IS \$50.00 orida Departme	ant of State			
	· .			ay 1, 2003	on Otato	{		
9.	MANAGING MEMI	BERS/MANAGERS	10.			ADDITIONS/CHANG	ES	
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FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90026 009 ****50.00

MGR Change Addition MAME MENRY FROST, MICHAEL 2910 WEST BAY TO BAY BOULEVARD CITY-ST-ZIP TAMPA FL 33629 TAM	9.	MANAGING MEMBERS/MANAGERS		_10			
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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 redeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: > VISVIVOR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #