

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90078 050 \*\*\*\*50.00

**DOCUMENT # L02000004559**

1. Entity Name

**APOLLO BEACH PARTNERS, L.L.C.**



Principal Place of Business

**1819 MAIN STREET  
SUITE 610  
SARASOTA FL 34236**

Mailing Address

**1819 MAIN STREET  
SUITE 610  
SARASOTA FL 34236**

2. Principal Place of Business

**328 South Shore Dr**

Suite, Apt. #, etc.

3. Mailing Address

**328 South Shore Dr**

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

Zip

**34234**

Country

**USA**

City & State

**SARASOTA FL**

Zip

**34234**

Country

**USA**

4. FEI Number

**04-3606499**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NORTON, SAM D  
1819 MAIN STREET  
SUITE 610  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**  
NAME **VINING, C. TIMOTHY**  
STREET ADDRESS **3301 WHITEFIELD AVE.**  
CITY-ST-ZIP **SARASOTA FL 34243**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE **MGR**  
NAME **VINING, C. Timothy**  
STREET ADDRESS **328 South Shore Dr**  
CITY-ST-ZIP **Sarasota FL 34234**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: C. Timothy Vining, Mgr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-25-03 (941) 360-9781**

Date

Daytime Phone #

CR2E083 (10/02)