

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90097 008 ****50.00

0041269

DOCUMENT # L02000005074

1. Entity Name

GRANDE RIVIERA DEVELOPMENT, LLC



Principal Place of Business

**73 S. PALM AVE., STE. 223
SARASOTA FL 34236**

Mailing Address

**73 S. PALM AVE., STE. 223
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

1226 N. TAMiami TR.

Suite, Apt. #, etc.

SUITE # 100

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

34236

Country

USA

Zip

Country

4. FEI Number

30-0127890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROGERS, ANGUS C
73 S. PALM AVE., STE. 223
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

Angus C Rogers

ANGUS C. ROGERS

22 APR 03

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANAGING MEMBER
STREET ADDRESS	ANGUS C ROGERS
CITY-ST-ZIP	73 S. PALM AVE, SUITE 223 SARASOTA FL 34236
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANAGING MEMBER
STREET ADDRESS	KOR VENTURES, LTO
CITY-ST-ZIP	1226 N. TAMiami TR, SUITE 100 SARASOTA, FL 34236
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Angus C Rogers

22 APR 03 941 362 9377

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

Date

Daytime Phone #

CR2E083 (10/02)