

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90689 028 ****50.00

DOCUMENT # L02000005157

1. Entity Name
HALF MOON BEACH CLUB RESIDENCES, L.L.C.



Principal Place of Business
8430 ENTERPRISE CIRCLE, SUITE 100
BRADENTON, FL 34202

Mailing Address
8430 ENTERPRISE CIRCLE, SUITE 100
BRADENTON, FL 34202

2. Principal Place of Business
1343 Main Street

3. Mailing Address
1343 Main Street

Suite, Apt. #, etc.
Suite 602

Suite, Apt. #, etc.
Suite 602

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34236

Country

Zip
34236

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
04-3619595

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TALLMAN, JAMES A
1343 MAIN STREET, SUITE 602
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name
Hanan, Benjamin R.

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

240 S. Pineapple Ave., 10th Floor

City
Sarasota

FL

Zip Code
34236

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

(NOTE: Registered Agent's signature required when reinstating)

03/18/03

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 ☒ Delete
NAME
TW/HALF MOON BEACH CLUB, L.L.C.
STREET ADDRESS
8430 ENTERPRISE CIRCLE, SUITE 100
CITY-ST-ZIP
BRADENTON, FL 34202

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
MGR ☐ Change ☒ Addition
NAME
Brown, Thomas
STREET ADDRESS
1343 Main Street, Suite 602
CITY-ST-ZIP
Sarasota, FL 34236

TITLE
MGR ☐ Change ☒ Addition
NAME
Tallman, James A.
STREET ADDRESS
1343 Main Street, Suite 602
CITY-ST-ZIP
Sarasota, FL 34236

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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 606, Florida Statutes.

SIGNATURE:

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

Thomas Brown, Manager

Date

Daytime Phone #

CR2E083 (10/02)