2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-09-2003 90044 047 ****50.00

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DOCUMENT # L02000005938

1. Entity Name
PILGER PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
57958 OVERSEAS HIGHWAY MARATHON FL 33050	57958 OVERSEAS HIGHWAY MARATHON FL 33050

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2500 County Barn Rd.	2500 County Barn Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL 34112	City & State: Naples FL. 34112
Zip / Country	Zip / Country

4. FEI Number: EIN 03-0412508 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, THOMAS D
9711 OVERSEAS HWY., STE. 5
MARATHON FL 33050

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		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PILGER, WILLIAM D	NAME	Pilger William D.
STREET ADDRESS	57958 OVERSEAS HIGHWAY	STREET ADDRESS	2500 County Barn Rd.
CITY-ST-ZIP	MARATHON FL 33050	CITY-ST-ZIP	Naples FL 34112
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PILGER, LETICIA	NAME	
STREET ADDRESS	57958 OVERSEAS HIGHWAY	STREET ADDRESS	2500 County Barn Rd.
CITY-ST-ZIP	MARATHON FL 33050	CITY-ST-ZIP	Naples FL. 34112
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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 REQUIRED William D. Pilger 3/28/03 239 793-6708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #