

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90030 017 ****50.00

DOCUMENT # L02000008987

1. Entity Name
N560SB, L.L.C.



Principal Place of Business
**14500 VISTA RIVER DRIVE
FT. MYERS FL 33908**

Mailing Address
**14500 VISTA RIVER DRIVE
FT. MYERS FL 33908**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
C/O AL HOFFMAN
Suite, Apt. #, etc.
14500 VISTA RIVER DR.
City & State
FT. MYERS, FL
Zip
33908 Country

4. FEI Number
74-3038711

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CLARKE, JOYCE D
14500 VISTA RIVER DRIVE
FT. MYERS FL 33908

7. Name and Address of New Registered Agent
Name
CLARK, JOYCE D.
Street Address (P.O. Box Number is Not Acceptable)
14500 VISTA RIVER DR.
City
FT. MYERS State
FL Zip Code
33908

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 *Joyce D. Clark* DATE **1/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGRM	ALFRED HOFFMAN, JR	11200 LONGWATER CHASE CT.	FT. MYERS, FL 33908		<input checked="" type="checkbox"/>
MGRM	DON E. ACKERMAN	24311 WALDEN CENTER DRIVE	BONITA SPRINGS, FL 34134		<input checked="" type="checkbox"/>
MEMBER	JOHN C. KAGAN, M.D.	6981 DEVONWOOD DRIVE	FT. MYERS, FL 33908		<input checked="" type="checkbox"/>
MGRM	STEEVEN KNIGHT	24280 S. TAMiami TR.	BONITA SPRINGS, FL 34134		<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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: *[Signature]* DATE **1/30/03** DAYTIME PHONE # **239-433-5711 x38**

SIGNATURE REQUIRED

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

CR2E083 (10/02)