

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90040 020 ****50.00

DOCUMENT # L02000009512

1. Entity Name

VENETIAN BAY PROPERTIES, L.L.C.



Principal Place of Business

**712 PALMETTO AVENUE
MELBOURNE FL 32901**

Mailing Address

**408 RIVERSIDE DRIVE
MELBOURNE BEACH FL 32951**

2. Principal Place of Business

1332 Desoto Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE BEACH FL

Zip

32935

Country

US

Zip

32951

Country

US

4. FEI Number

51-0429887

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

**KOSTRO, VICTOR S ESQ
1825 RIVERVIEW DRIVE
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name

Kirk Kessel

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

408 Riverside Drive

City

MELBOURNE BEACH FL

Zip Code

32951

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]

(NOTE: Registered Agent signature required when reinstating)

4/1/03

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 **MGRM** ☐ Delete
NAME **Annette Kessel**
STREET ADDRESS **408 Riverside Drive**
CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE **MGRM** ☐ Delete
NAME **Kirk Kessel**
STREET ADDRESS **408 Riverside Drive**
CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

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

4/1/03

DATE

321-729-6019

DAYTIME PHONE #

CR2E083 (10/02)