

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90068 001 ****25.00
02-05-2003 90068 002 ****25.00

DOCUMENT # L02000010498

1. Entity Name
SANIBEL SIESTA 304 LLC



Principal Place of Business
**304 SANIBEL SIESTA
SANIBEL ISLAND FL 33957**

Mailing Address
**C/O 1031 REVERSE EXCHANGE COMPANY
695 TARPON BAY RD. #5
SANIBEL FL 33957**

2. Principal Place of Business
1246 FULGUR

3. Mailing Address
408 MIAMI AVE

Suite, Apt. #, etc. **304**

Suite, Apt. #, etc.

City & State
SANIBEL FL

City & State
TERRACE PARK OH

Zip
33957

Country
USA

Zip
45174

Country
USA

4. FEI Number ☐ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**OWENS, DAVID A
695 TARPON BAY RD. #5
SANIBEL FL 33957**

7. Name and Address of New Registered Agent

Name **ANN RICE**

Street Address (P.O. Box Number is Not Acceptable)
1246 FULGUR #304

SANIBEL FL Zip Code **33957**

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 **ANN RICE** **1/31/03**
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: **ANN RICE** **1/31/03** **513-831-1054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)