

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90275 035 ****50.00

DOCUMENT # L02000011767

1. Entity Name

LINESIDER LANDHOLDINGS, LLC

DO NOT WRITE IN THIS SPACE

30065011

2. Principal Place of Business

252 BAYSHORE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FL

City & State

4. FEI Number

03-0441644

Applied For

Not Applicable

Zip

33904

Country

LEE

Zip

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

MARK D. CREIGHTON

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

252 BAYSHORE DRIVE

City

CAPE CORAL

FL

Zip Code

33904

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.

DATE

✓ 4-28-03

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	MARK D CREIGHTON	NAME	
STREET ADDRESS	252 BAYSHORE DRIVE	STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL, FL 33904	CITY - ST - ZIP	
TITLE	MGRM	TITLE	
NAME	ROBERT C POULSOM	NAME	
STREET ADDRESS	190 WOODSIDE ROAD	STREET ADDRESS	
CITY - ST - ZIP	RIVERSIDE, IL 60546	CITY - ST - ZIP	
TITLE	MGRM	TITLE	
NAME	CHRISTOPHER M RUSH	NAME	
STREET ADDRESS	7149 E BRENTWOOD ROAD	STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS, FL 33919	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MARK D CREIGHTON

Date

Daytime Phone #

✓ 4-28-03