

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90018 037 *****50.00

DOCUMENT # L02000012395

1. Entity Name

FONTANA LAKE, L.L.C.



Principal Place of Business

**695 TARPON BAY RD. #5
SANIBEL FL 33957**

Mailing Address

**C/O 1031 REVERSE EXCHANGE CO., LLC
695 TARPON BAY RD. #5
SANIBEL FL 33957**

2. Principal Place of Business

269 DRIFTWOOD LN

Suite, Apt. #, etc.

3. Mailing Address

269 DRIFTWOOD LN

Suite, Apt. #, etc.

City & State

Fort Myers Beach FL

City & State

Fort Myers Beach FL

Zip

33931

Country

USA

Zip

33931

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 **DIANE E TONES**

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

269 DRIFTWOOD LN

City **Fort Myers Beach**

FL

Zip Code **33931**

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 **X Diane E. Jones** **DIANE E TONES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/03

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

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☒ Addition

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☐ Change ☐ 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: **X Diane E. Jones** **MANAGING MEMBER**
DIANE E TONES

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

X 2/8/03 X 239-940-1000

Date Daytime Phone #

CR2E083 (10/02)

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