

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90049 014 \*\*\*\*50.00

**DOCUMENT # L02000015566**

1. Entity Name  
**1425 BEACH COTTAGES, L.L.C.**



Principal Place of Business

**1425 BEACH COTTAGES  
SANIBEL ISLAND FL 33957**

Mailing Address

**C/O ISLAND FINANCIAL SERVICES, INC.  
695 TARPON BAY ROAD #5  
SANIBEL FL 33957**

2. Principal Place of Business

**1425 BEACH COTTAGES**

3. Mailing Address

**7785 CLIFFVIEW DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CAPTIVA FL**

City & State

**POLAND OHIO**

Zip

**33924**

Country

**USA**

Zip

**44514**

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  
695 TARPON BAY ROAD #5  
SANIBEL FL 33957**

7. Name and Address of New Registered Agent

Name **FRANK J MARINO**

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

**1425 BEACH COTTAGES**

City

**CAPTIVA**

**FL**

Zip Code

**33924**

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 *Frank J Marino*

**FRANK J MARINO**

**2-5-03**

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Frank J Marino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**MANAGING MEMBER**

**FRANK J MARINO**

**2-5-03**

Date

**330-757-4334**

Daytime Phone #

CR2E083 (10/02)