

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

000668

DOCUMENT # L02000015642

1. Entity Name

GRAND HARBOR NORTH LAND VENTURE I, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -5 AM 10:32

WR 6/16

Principal Place of Business
3755 7TH TERRACE, STE. 301
VERO BEACH FL 32960

Mailing Address
3755 7TH TERRACE, STE. 301
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country
US

Zip

Country
US

4. FEI Number

56-2301862

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

7. Name and Address of New Registered Agent

HENN, PETER J
3755 7TH TERRACE, STE. 301
VERO BEACH FL 32960

Name

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

City

FL

Zip Code

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.

(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
Grand Harbor North Land Venture, Inc.
3755 7th Terrace, Suite 301
Vero Beach, FL 32960 **NGRM**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700017590527
04/30/03--01082--021 **50.00

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, RECEIVER OR TRUSTEE

Date

Daytime Phone #

772-778-0180

CR2E083 (10/02)