

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0008673

DOCUMENT # L02000015653

1. Entity Name

GRAND HARBOR NORTH LAND VENTURE III, LLCFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -5 AM 10:43

W 6/16

Principal Place of Business

Mailing Address

**3755 7TH TERRACE, SUITE 301
VERO BEACH FL 32960****3755 7TH TERRACE, SUITE 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

Zip

Country

4. FEL Number

50-2301836

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, SUITE 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 **Grand Harbor North Land Venture, Inc.**
NAME **3755 7th Terrace, Suite 301**
STREET ADDRESS **Vero Beach, FL 32960**
CITY-ST-ZIP **MGEM**

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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**PETER J. HENN****772-778-0180**

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

Date

Daytime Phone #

CR2E083 (10/02)