

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90015 044 \*\*\*\*\*55.00

**DOCUMENT # L02000015671**

1. Entity Name

**INVESTGROUP II DEVELOPMENT, L.L.C.**



Principal Place of Business

**6606 KINGSPORTE PARKWAY  
ORLANDO FL 32819**

Mailing Address

**6606 KINGSPORTE PARKWAY  
ORLANDO FL 32819**

2. Principal Place of Business

**6606 KINGSPORTE PY**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

Zip

**32819**

Country

**ORANGE**

Zip

**32819**

Country

**ORANGE**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**82-0549895**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SMALLEY, CRAIG W  
1517 E. HILLCREST STREET  
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

**DUARTE, NORBERTO  
Street Address (P.O. Box Number is Not Acceptable)  
1028 WATERSIDE DR**

**CITY  
CELEBRATION, FL**

**FL**

**Zip Code  
34747**

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

**TITLE  
NAME  
MGR  
PERTREE, MICHAEL JAMES  
STREET ADDRESS  
6606 KINGSPORTE PARKWAY  
CITY-ST-ZIP  
ORLANDO FL 32819** ☐ Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Delete

**TITLE  
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**TITLE  
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CITY-ST-ZIP** ☐ Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Delete

10. ADDITIONS/CHANGES

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DUARTE, NORBERTO  
6606 KINGSPORTE PY  
ORLAND, FL 32819** ☐ Change ☒ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ 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

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

Date

Daytime Phone #

CR2E083 (10/02)