

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0037578

DOCUMENT # L02000016401

1. Entity Name

5140 HARBORAGE DRIVE, LLC



04-30-2003 90287 001 ****25.00

04-30-2003 90287 002 ****25.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

5140 Harborage Dr.

Suite, Apt. #, etc.

3. Mailing Address

507 Myoma Rd.

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Mars PA

Zip

33908

Country

USA

Zip

16046

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 **John P. Duffy**
Street Address (P.O. Box Number is Not Acceptable) **5140 Harborage Dr.**
City **Fort Myers** **FL** Zip Code **33908**

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]*
Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

3/25/03
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
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
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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: *[Signature]*

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

Date

Daytime Phone #

3/26/03

CR2E083 (10/02)