

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90179 022 \*\*\*\*50.00

**DOCUMENT # L02000017183**

1. Entity Name  
**BELVEDERE PLACE INVESTORS, LLC**



Principal Place of Business  
**3160 TIMBERLAKE POINTE  
PONTE VEDRA BEACH FL 32082**

Mailing Address  
**3160 TIMBERLAKE POINTE  
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**11-3642301**

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

**SIMON, BERT C**  
**1660 PRUDENTIAL DRIVE STE. 203**  
**JACKSONVILLE FL 32207**

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  
**MGR**  
**BINGEMANN, DAVID A** ☐ Delete  
**3160 TIMBERLAKE POINTE**  
**PONTE VEDRA BEACH FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR, PRES., TREAS.** ☒ Change ☐ Addition  
**BINGEMANN, DAVID A.**  
**3160 TIMBERLAKE POINTE**  
**PONTE VEDRA BEACH, FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR** ☐ Delete  
**CUNY, PAUL L**  
**35 RAMONA STREET**  
**PONTE VEDRA BEACH FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR, VICE PRES., SEC.** ☒ Change ☐ Addition  
**CUNY, PAUL L.**  
**35 RAMONA STREET**  
**PONTE VEDRA BEACH, FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ 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:** *David A. Bingemann* **DAVID A. BINGEMANN, PRES.** **4/19/03** **904-273-1925**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)