## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 21, 2003 8:00 am Secretary of State

	NIFORM BUSIN	ESS REPOR	łT (UE	3R)	1/		tary or		
DOCI	UMENT # <b>L02000</b> 0	017919	-			01-21-20	03 90317 033 :	****50.00	
Principal Place of Business 120 INDIES DRIVE NORTH DUCK KEY MARATHON FL 33050  2. Principal Place of Business		Mailing Address 120 INDIES DRIVE NORTH DUCK KEY MARATHON FL 33050  3. Mailing Address				5	55009101		
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		<del></del>	4. FEI Number Applied For Nort Applied For				
Zip	Country	- Zip	- Country-			ate of Status Desired	~ \$5:00	Not Applicat Additional	
	5. Name and Address of Current	Registered Agent	<del></del>			and Address of New Re	Fee Requ	ired	
KFI	LLER, JAMES R ESQ.			me Gran	2	TTO NOT TO SEE T			
109	25 OVERSEAS HIGHWAY RATHON FL 33050			reet Address (F		nber is Not Acceptable)			
			. Ci	V 7	1 166				
8. The above	named and Southwite this statement to	the arrange of the second		Duci	- 1CE	<u>y</u>	FL Zp3	3°50	
the obliga	e named entity submits this statement for attions of registered agent.	The purpose of changing its	s registered off	ice or registere	d agent, or l	both, in the State of Flori	da. I am familiar wit	h, and accep	
SIGNATURE		the					1-16-20	o ₹	
<del>- · ·</del> -	Special view of printy diname of registered agent a	nd title if applicable. (NOT	E: Registered Agent	signature required w	rhen reinsteting)		DATE		
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State							
		Make Check Payabi	le to Florida e By May 1,	Department	of State	,		•	
9. MANAGING MEMBE		<del>_                                    </del>			· · · · · · · · · · · · · · · · · · ·				
TITLE	MGR	Delete	10.			ADDITIONS/CI	HANGES		
NAME	SUTTON, GARY E	C Delete	NAME				☐ Change	Addition	
STREET ADORESS	120 INDIES DRIVE NORTH		STREET ADDR	ESS				,	
	DUCK KEY, MARATHON FL 3305		CITY-ST-ZIP						
TTLE IAME	•	☐ Delete	TITLE				☐ Change	Addition	
TREET ADORESS		•	NAME	[			,-		
ITY-ST-ZIP	<del></del>		STREET ADDR	ESS					
TLE		☐ Delete	TITLE			<del></del>			
AME							☐ Change	Addition	
TREET ADDRESS		·	STREET ADDRE	:ss					
TLE	<u> </u>		CITY-ST-ZIP						
AME		☐ Delete	TITLE NAME			·	☐ Change	☐ Addition	
REET ADDRESS			STREET ADDRE	ss					
TY-ST-ZIP		1	CITY-ST-ZIP						
LE	- · · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		<del></del>		Channe	T Address	
ME REET ADDRESS	i		NAME	1 .			☐ Change	☐ Addition	
TY-ST-ZIP			STREET ADORES	SS				-	
UE .			CITY-ST-ZIP						
WE		☐ Delete	TITLE			• • • • • • • • • • • • • • • • • • • •	☐ Change	☐ Addition	
REET ADDRESS			NAME STREET ADDRES	2				'n	
Y-ST-ZIP			OTHER ADDRES	~					

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 eath: that I am a managing member or manager of the imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

BIGMATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTA

1-16-2003 (305) 743-7.

- Daytime Phone