

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0085108

DOCUMENT # L02000022063

1. Entity Name
CARNOUSTIE 2326, L.L.C.



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
36750 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

Mailing Address
36750 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

2. Principal Place of Business

c/o Diane L. Johnston-Trustee

3. Mailing Address

c/o Diane L. Johnston-Trustee

Suite, Apt. #, etc.

36750 U.S. Hwy 19 N

Suite, Apt. #, etc.

36750 U.S. Hwy 19 N

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34684

Country

USA

Zip

34684

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

FONTANA, CHARLES
36750 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name Elliott, Herbert
Street Address (P.O. Box Number is Not Acceptable)
623 East Tarpon Ave
Suite L
City Tarpon Springs FL 34689

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 Herbert Elliott

Signature, typed or printed name of registered agent and title if applicable.

Herbert Elliott

(NOTE: Registered Agent signature required when reinstating)

4/29/03

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 MGR ☒ Delete
NAME GOLF HOST CONDOMINIUMS, INC.
STREET ADDRESS 36750 US HIGHWAY 19 NORTH
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Augusta 2020 Ltd Trust
STREET ADDRESS c/o Diane L. Johnston-Trustee
CITY-ST-ZIP 36750 U.S. Hwy 19 N
Palm Harbor, FL 34684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900017896449
05/02/03--01056--024 **50.00

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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: Diane L. Johnston-Trustee 4-29-03 727-939-3504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)