2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000022774

1. Entity Name

ELODIDA CLIDLING CLUB LLC



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90040 015 ****50.00

FLORIDA CUNLING CLUB, LLC										
Principal Place of Business 1003 SOUTH OSPREY AVE. SARASOTA FL 34236		, <u> </u>								
	<u> </u>	P.O. BOX 4234			CHECK HERE IS MAKING CHANCES					
Flagion	City & State				4. FEI Number				Applied For	
	Zip	Count	ry		-			\$5.00 Ac	dditional	
	- /	· 4	<u> </u>		7. Name ar	nd Address of	New Registered			Ì
QUICKER, MICHAEL J ESQ. 240 N. WASHINGTON BLVD., STE 325			Name Street Ad							1=:
FL 34236										
			City				FL	Zip Co	de	1
egistered agent. Hasl Ducke	·e		_					,	, and accept	
	Make Check Payabl	e to Flo By Ma	rida Dep	artment	of State					
MANAGING MEMBER		10.		MAG		ADDI	TIONS/CHANGES		Addition	í
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	Susiness A VISTA STREET FLORIDA Country USA ame and Address of Current F MICHAEL J ESQ. SHINGTON BLVD., STE 325 FL 34236 entity submits this statement for egistered agent. MANAGING MEMBER	AVE. 1003 SOUTH OSPREY AVE. SARASOTA FL 34236 Business A VISTA STREET Country Country USA Suite, Apt. #, etc. City & State SARASOTA Country JUSA Sip JUSA AMBILITY AMBILITY Country JUSA Sip JUSA AMBILITY AMBIL	AVE. 1003 SOUTH OSPREY AVE. SARASOTA FL 34236 Business AVISTA STREET 3. Mailing Address P.O. Box 42. Suite, Apt. #, etc. City & State SARASOTA FLO Country USA 34230 4234 42 Ame and Address of Current Registered Agent MICHAEL J ESO. SHINGTON BLVD., STE 325 FL 34236 FILE NOW!!! F Make Check Payable to Fic Due By Man MANAGING MEMBERS/MANAGERS 10. MANAGING MEMBERS/MANAGERS 10. Delete TITLE NAME STREET CITY- DELETE TITLE NAME STREET CITY	AVE. 1003 SOUTH OSPREY AVE. SARASOTA FL 34236 Susiness AVE. 1003 SOUTH OSPREY AVE. SARASOTA FL 34236 Suriness AVE. 1003 SOUTH OSPREY AVE. SARASOTA FL 34236 Suriness AVE. 1003 SOUTH OSPREY AVE. SARASOTA FLORIDA Surine, Apt. #, etc. City & State SARASS TA FLORIDA Country U.S.A AMAIling Address City & State SARASS TA FLORIDA Country U.S.A AMAILING ADDRESS OF COUNTRY ANAMA SITE ADDRESS OF CITY ST. 2P TITLE NAME STREET ADDRESS OF CITY ST. 2P	Mailing Address AVE. 1003 SOUTH OSPREY AVE. SARASOTA FL 34236 Business AVE. 1003 SOUTH OSPREY AVE. SARASOTA FL 34236 Business P.O. Box 4234 Suite, Apt. #, etc. City & State SARASO TA FLORIDA Country LISA Sipan 4234 Suite, Apt. #, etc. City & State SARASO TA FLORIDA Country LISA Sipan 4234 MICHAEL J ESO. SHINGTON BLVD., STE 325 FL 34236 City STEET ADdress (PC) Make Check Payable to Florida Department Due By May 1, 2003 MANAGING MEMBERS MANAGERS Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete SIREET ADDRESS CITY-ST-2IP SIREET ADDRESS CITY-ST-2IP Delete SIREET ADDRESS CITY-ST-2IP SIREET ADDRESS CITY-ST-2IP Delete SIREET ADDRESS CITY-ST-2IP Delete SIREET ADDRESS CITY-ST-2IP SIREET ADDRESS CITY-ST-2IP Delete	iness Mailing Address NE. 1003 SOUTH OSPREY AVE. SARASOTA FL 34236 Suriness 3. Mailing Address P.O. BOX 4234 Suriness 3. VISTA 5 TREET P.O. BOX 4234 Suriness Suriness A VISTA 5 TREET P.O. BOX 4234 Suriness P.O. BOX Num	Mailing Address WE. 1003 SOUTH OSPREY AVE. SARASOTA FL. 34238 Business A VISTA STREET Subject of the purpose of changing its registered agent. City State Street Address (P.O. Box Number is Not Acc.) FLORIDA Country USA Shington BLVD., STE 325 FL 34236 Street Address (P.O. Box Number is Not Acc.) Shington BLVD., STE 325 FL 34236 Make Check Payable to Florida Department of State pure By 1, 2003 Make Check Payable to Florida Department of State pure By 1, 2003 Make Check Payable to Florida Department of State pure By 1, 2003 MANAGING MEMBERS/MANAGERS Detel Detele TILE NAME SIRET ADDRESS CITY ST. 2P Detele TILE NAME SIRET ADDRESS CITY ST. 2P Detele TILE NAME SIRET ADDRESS CITY ST. 2P Detele TILE NAME SIRET ADDRESS CITY ST. 2P Detele TILE NAME SIRET ADDRESS CITY ST. 2P Detele TILE NAME SIRET ADDRESS CITY ST. 2P Detele TILE NAME SIRET ADDRESS CITY ST. 2P Detele TILE NAME SIRET ADDRESS CITY ST. 2P Detele TILE NAME SIRET ADDRESS CITY ST. 2P Detele TILE NAME SIRET ADDRESS CITY ST. 2P Detele TILE NAME SIRET ADDRESS CITY ST. 2P Detele TILE NAME SIRET ADDRESS CITY ST. 2P Deteles TILE NAME SIRET ADDRESS CITY ST. 2P	Mailing Address 1008 SOUTH OSPREY AVE. SARASOTA F. 9428 Sulfe, Apt. 1, 9428 Sulfe, Apt. 1, 9428 Sulfe, Apt. 1, 9428 Country A 30430-H234 Country A 4 5E Number of Statute Desisted Country A 4 5E Number of Statute Desisted Country A 4 5 Country A 4 5 Country A 5 Countr	Maining Address WE. 1000 SQUTH OSPREY AVE. SARASOTA FL 94298 Sutin. Apt. F. etc. FLORIDA Sutin. Apt. F. etc. City & State City & State Current Registered Agent Such Apt. FLORIDA Supplication of Status Desired Stat	Meling Address WE 1003 SOUTH OSPREY WE SARASOTA FL 94236 Suite, Apr. #, enc. County A 32-30 H2341 Name City Status Desired Television of Status Desired Address of New Registered Agent Name City Status Desired Address of New Registered Agent T. Name and Address of New Registered Agent City FL Zip Code and Address (P.O. Box Number is Not Acceptable) File North Registered Agent City FL Zip Code City FL Z

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatic 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: _____

1/27/03 94/3302386