

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92176 018 \*\*\*\*50.00

0041126

**DOCUMENT # L02000024070**

1. Entity Name

**PARROT GOLF, LLC**



Principal Place of Business

**1800 SECOND STREET  
SUITE 715  
SARASOTA FL 34236  
US**

Mailing Address

**1800 SECOND STREET  
SUITE 715  
SARASOTA FL 34236  
US**

2. Principal Place of Business

**1800 SECOND STREET**

3. Mailing Address

**1800 SECOND STREET**

Suite, Apt. #, etc.

**SUITE 757**

Suite, Apt. #, etc.

**SUITE 757**

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

Zip

**34236**

Country

**US**

Zip

**34236**

Country

**US**

6. Name and Address of Current Registered Agent

**PERSSE, JOHN W ESQ.  
1800 SECOND STREET  
SUITE 715  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

**PERSSE, JOHN W., ESQ.**

Street Address (P.O. Box Number is Not Acceptable)

**1800 SECOND STREET**

**SUITE 757**

City

**SARASOTA**

**FL**

Zip Code

**34236**

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 title if applicable.

**JOHN PERSSE**

(NOTE: Registered Agent signature required when reinstating)

**4/16/03**

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  
**MGRM  
ROBERTSON, BRENNAN F  
4757 CHARING CROSS RD  
SARASOTA FL 34241** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

**SIGNATURE REQUIRED**

**Brennan Robertson**

**4-16-03**

**941-371-9584**

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

Date

Daytime Phone #

CR2E083 (10/02)