# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 17, 2003 8:00 am**
**Secretary of State**
01-13-2003 90574 001 ****50.00

DOCUMENT # L02000024761

1. Entity Name
PALMETTO PINE DEVELOPMENT, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1326 CAPE CORAL PARKWAY<br>CAPE CORAL FL 33904 | 1326 CAPE CORAL PARKWAY<br>CAPE CORAL FL 33904 |

☒ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 839 SW 48 Terr | 839 SW 48 Terr. |
| Suite, Apt. #, etc.: Suite 206 | Suite, Apt. #, etc.: Suite 206 |
| City & State: Cape Coral | City & State: Cape Coral FL |
| Zip: 33914 Country: Lee | Zip: 33914 Country: Lee |

4. FEI Number: 020625000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KOSZULINKSI, GEORG W<br>1326 CAPE CORAL PARKWAY<br>CAPE CORAL FL 33904 | Name: Koszulinski, Georg W<br>Street Address (P.O. Box Number is Not Acceptable): 839 SW 48 Terr. Suite 206<br>City: Cape Coral FL Zip Code: 33914 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | MGRM<br>KOSZULINSKI, GEORG W<br>~~1326 CAPE CORAL PARKWAY~~<br>~~CAPE CORAL FL 33904~~ | ☐ Delete | Koszulinski, Georg W<br>839 SW 48 Terr. Suite 206<br>Cape Coral FL 33914 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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CR2E083 (10/02)

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 Georg W. Koszulinski 1/8/03 239 549 7737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #