

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/9/2003-90019-004-\$50.00-\$50.00

DOCUMENT # L02000024844

1. Entity Name

CHRISTENSON WATERFRONT REAL ESTATE LLC



FILED

03 OCT 14 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3524 SE FAIRWAY EAST
STUART FL 34997

3524 SE FAIRWAY EAST
STUART FL 34997

2. Principal Place of Business

301 E OCEAN BLVD.

3. Mailing Address

301 E. Ocean Blvd

Suite, Apt. #, etc.

Suite # 150

Suite, Apt. #, etc.

Suite # 150

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

161 48 4691

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

CHRISTENSON, TOM

3524 SE FAIRWAY EAST

STUART, FL 34997

34994

301 E. OCEAN BLVD.

Suite # 150

Name

Tom Christenson

301 E Ocean Blvd Suite 150

Stuart, FL. 34994

City

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
THOMAS CHRISTENSON
301 E. OCEAN BLVD Suite # 150
STUART, FL 34994

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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 609, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/03)