

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90028 046 \*\*\*\*\*50.00

**DOCUMENT # L02000024956**

1. Entity Name

**BLOODSTONE PROPERTIES, LLC**



Principal Place of Business

**1515 RINGLING BLVD.  
10TH FLOOR  
SARASOTA FL 34236**

Mailing Address

**1515 RINGLING BLVD.  
10TH FLOOR  
SARASOTA FL 34236**

2. Principal Place of Business

**3909 CAMINO REAL**

3. Mailing Address

**3909 CAMINO REAL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

City & State

**SARASOTA FL**

4. FEI Number

**54-2079149**

Applied For

Not Applicable

Zip

**34231**

Country

**SARASOTA**

Zip

**34231**

Country

**SARA**

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KEYSER, STEPHEN D  
1515 RINGLING BLVD.  
10TH FLOOR  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

**CHRISTOPHER G. BERLINER**

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

**3909 CAMINO REAL**

City **SARASOTA**

**FL 34231**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete  
NAME **CHRISTOPHER BERLINER**  
STREET ADDRESS **3909 CAMINO REAL**  
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **MEMBER** ☐ Delete  
NAME **FREDERICK BERLINER**  
STREET ADDRESS **546 HALL HILL ROAD**  
CITY-ST-ZIP **ENKAH, NY 12502**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

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

Date

Daytime Phone #

**941-954-0363**

CR2E083 (10/02)