

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90748 009 \*\*\*\*50.00

0063745

**DOCUMENT # L02000027036**



1. Entity Name  
**SHADOWS NORTH, L.L.C.**

Principal Place of Business  
**1715 HYDE PARK  
SARASOTA FL 34239**

Mailing Address  
**P.O. BOX 37606  
SARASOTA FL 34278**

**30054692**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number  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

**DENT, JOHN C JR. ESQ  
330 SOUTH ORANGE AVE.  
SARASOTA FL 34236**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

(NOTE: Registered Agent signature required when reinstating)

**4/10/03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOLLIDAY, CRAIG P.O. BOX 37606 SARASOTA FL 34278</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DENT, JOHN C JR. P.O. BOX 3259 SARASOTA FL 34230</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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**

**4/10/03**

**941-952-1070**

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

Date

Daytime Phone #

CR2E083 (10/02)