

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90105 005 \*\*\*\*50.00

**DOCUMENT # L02000027957**



1. Entity Name

**KEY LARGO BAY BEACH, LLC**

Principal Place of Business

**23 645 EAST DANIA BEACH BOULEVARD  
DANIA BEACH FL 33004**

Mailing Address

**23 645 EAST DANIA BEACH BOULEVARD  
DANIA BEACH FL 33004**

**44002258**

2. Principal Place of Business

%Atlantia Holdings  
645 E. Dania Beach Blvd.  
Dania Beach, FL 33004

3. Mailing Address

%Atlantia Holdings  
645 E. Dania Beach Blvd.  
Dania Beach, FL 33004

☐ CHECK HERE IF MAKING CHANGES

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

**BLACKBURN, ACE J JR  
2312 WILTON DRIVE  
FORT LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent

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

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.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Managing Member  
Blackburn Jr., A.  
%Atlantia Holdings, 645 E. Dania Beach Blvd.  
Dania Beach, FL 33004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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 606, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**4/15/03**

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

Date

Daytime Phone #

CR2E083 (10/02)