## UNIFORM BUSINESS REPORT (UBR)

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)						FILED Apr 03, 2003 8:00 am Secretary of State				
1. Entity Nan		28073				04-03-2003				
FLEMING	ISLAND SPA CLUB, LLC									
Principal Place of Business 1560 BUSINESS CENTER DR STE. 6 ORANGE PARK FL 32003		Mailing Address 334 E. DUVAL ST. JACKSONVILLE FL 32202								
2. Principal F	Place of Business	3. Mailing Address			1 1 1 1 1 1 1	TII OII DAIIT IIRII ARIII DAIII				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number					
Zip Country		Zip Count		try	5. Certifica	ate of Status Desired		5.00 Add		! !
	6. Name and Address of Current	Registered Agent		Name	7. Name a	nd Address of New R	egistered Ag	ent :		
	ZER, BROOKE L			Ear		rker, Jr.				
334 E. DUVAL ST. JACKSONVILLE FL 32202		•		Street Address (	P.O. Box Number is Not Acceptable) btt & Barker					
					E. Duv	al Street		,		
					ksonvil		FL	Zip Code 3220		
<ol><li>The above the obligat</li></ol>	named entity submits this statement of ions of registered agent.	the purpose of changing its	registere	ed office or register	red agent, or b	ooth, in the State of Flor	rida. I am far	niliar with,	and accept	
SIGNATURE .				Barker, Jr		4/1/	DATE	<del> </del>		-
				EE IS \$50.00	-		\			
		Make Check Payabi		orida Departme ny 1, 2003	nt of State	į	=		٠.	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	Managing Member	☐ Delete	TITLE	1				Change	☐ Addition	(10/02)
NAME STREET ADDRESS	Spitzer, Brooke L. 1560 Business Ctr. Drive, Ste. 6		NAME	ET ADDRESS						<u>چ</u>
CITY-ST-ZIP Orange Park FL 32003				ST-ZIP					1	80
TITLE		☐ Delete	TITLE		,			Change	Addition	CR2E083
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CITY-ST-ZIP		A	•	ST-ZIP						٠.
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NAME ;		L. Delete	NAME				Ĺ	Change	☐ Addition	
STREET ADDRESS	•			T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
indicated	ertify that the information supplied with to on this report is true and accurate and to allify company or the receiver or trustee	hat my signature shall baye t	he same	legal effect as if m	iade under oa	th: that I am a managii	further certify ng member c	that the inf or manager	formation of the	