2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2003 8:00 am
Secretary of State

04-23-2003 90770 001 ****25.00
04-23-2003 90770 002 ****25.00

DOCUMENT # L02000028300

1. Entity Name
8042 BARRANCAS, LLC

44003217

Principal Place of Business	Mailing Address
695 TARPON BAY ROAD SANIBEL ISLAND FL 33957	695 TARPON BAY ROAD SANIBEL ISLAND FL 33957

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8042 Barrancas	697 Old Harbor Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bokeelia FL	City & State: N. Chatham MA
Zip: 39923 Country: USA	Zip: 02650 Country: USA

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

OWENS, DAVID A
695 TARPON BAY ROAD
SANIBEL ISLAND FL 33957

7. Name and Address of New Registered Agent

Name: Patricia A. Eldridge
Street Address (P.O. Box Number is Not Acceptable): 8042 Barrancas
City: Bokeelia FL Zip Code: 33923

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] DATE: 4-17-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	☐ Delete	TITLE: MM NAME: PATRICIA A. ELDRIDGE STREET ADDRESS: 697 OLD HARBOR RD CITY-ST-ZIP: N. CHATHAM, MA 02650	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] SIGNATURE REQUIRED 4-17-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #