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

04-07-2003 90004 032 ****50.00

4/7

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000029074

1. Entity Name
SIESTA BREEZE INN, LLC

44002253

Principal Place of Business	Mailing Address
C/O STEVEN W. HUBBARD 2320 FIRST STREET STE.1000 FORT MYERS FL 33901-2904	C/O STEVEN W. HUBBARD 2320 FIRST STREET STE.1000 FORT MYERS FL 33901-2904

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1710 STICKNEY PT.	1710 STICKNEY PT. RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA FL
Zip: 34231 Country: US. SARASOTA	Zip: 34231 Country: U.S.

4. FEI Number: 81-0577559 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, STEVEN W
C/O STEVEN W. HUBBARD
2320 FIRST STREET STE.1000
FORT MYERS FL 33901-2904

7. Name and Address of New Registered Agent

Name: LINDA A. BENFORD
Street Address (P.O. Box Number Is Not Acceptable): 1710 STICKNEY POINT RD.
SARASOTA,
City: FL Zip Code: 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: Linda A. Benford — 4-2-03
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		10. ADDITIONS/CHANGES	
TITLE	PROPRIETOR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LINDA A. BENFORD	NAME	
STREET ADDRESS	1710 STICKNEY POINT RD.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Linda A. Benford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #