

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90997 013 ****50.00

DOCUMENT # L02000029831

1. Entity Name

GRANDSCAPES, LLC



Principal Place of Business

25 NORTHEAST 17TH AVENUE
CAPE CORAL FL 33909

Mailing Address

25 NORTHEAST 17TH AVENUE
CAPE CORAL FL 33909

2. Principal Place of Business

3. Mailing Address

853 Vanderbilt Beach Rd.

853 Vanderbilt Beach Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

289

289

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34108

USA

34108

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

42-1559166

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

KEELEY, PETER L

GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES FL 34108

Name

Greg Nent

Street Address (P.O. Box Number is Not Acceptable)

25 NE 17th Ave

City

Cape Coral

FL

Zip Code

33909

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

[Signature]

4/23/03

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
Co ceo
Gregory Nent
25 NE 17th Ave
Cape Coral, FL 33909 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Co ceo
Craig Anglemeyer
208 Saddle Lake Dr.
Naples, FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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 608, Florida Statutes.

SIGNATURE: [Signature] SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/16/03

1-239-810-4000

CR2E083 (10/02)