

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90080 027 \*\*\*\*50.00

**DOCUMENT # L02000030773**

1. Entity Name  
**H & L MARINE DEVELOPERS LLC**



Principal Place of Business

**11 CASTLE HILL WAY  
SEWALL'S POINT FL 34996  
US**

Mailing Address

**11 CASTLE HILL WAY  
SEWALL'S POINT FL 34996  
US**

**20018222**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**55-0806111**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES  
**ADDING MANAGER**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELLRIEGEL, PHILIP L  
11 CASTLE HILL WAY  
SEWALL'S POINT FL 34996**

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. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Delete  
NAME **HELLRIEGEL PHILIP L**  
STREET ADDRESS **11 CASTLE HILL WAY**  
CITY-ST-ZIP **SEWALL'S POINT FL 34996**

TITLE **MANAGER** ☐ Change ☒ Addition  
NAME **ELIZABETH A. LANG**  
STREET ADDRESS **117 HILLCREST DR.**  
CITY-ST-ZIP **STUART, FL. 34996**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: ELIZABETH A. LANG REQUIRED**

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

**20 Jan 03 772-221-0108**

Date

Daytime Phone #

CR2E083 (10/02)