

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90689 026 ****50.00

DOCUMENT # L02000030856

1. Entity Name
ORCHID BEACH CLUB RESIDENCES, LLC



Principal Place of Business
**1343 MAIN STREET
SUITE 602
SARASOTA, FL 34236**

Mailing Address
**1343 MAIN STREET
SUITE 602
SARASOTA, FL 34236**

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
05-0552214

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANKIN, LAWRENCE M
1820 RINGLING BOULEVARD
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name
Hanan, Benjamin R.

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

240 S. Pineapple Ave., 10th Floor

City
Sarasota

FL

Zip Code
34236

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's signature required when reinstating)

03/18/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ORCHID BEACH CLUB RESIDENCES MANAGEMENT CO
1343 MAIN STREET, SUITE 602
SARASOTA, FL 34236**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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.

03/18/03

U.S. Assets Group II, L.L.P., Managing Member

By: Thomas Brown, President of U.S. Assets Group, Inc., Partner

SIGNATURE: **12**

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

Date

daytime Phone #

CR2E083 (10/02)