

AMENDED

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000030856

1. Entity Name  
ORCHID BEACH CLUB RESIDENCES, LLC



FILED  
03 JUN 23 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

TALLMAN, JAMES A  
1343 MAIN STREET  
SUITE 602  
SARASOTA, FL 34236

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]*  
Signature, typed or printed name of registered agent and title if applicable.

Benjamin R. Hanan

6/20/03

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete  
NAME ORCHID BEACH CLUB RESIDENCES LLC  
STREET ADDRESS 1343 MAIN STREET, SUITE 602  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGRM ☐ Change ☒ Addition  
NAME Orchid Beach Club Residences Management  
STREET ADDRESS 1343 Main Street, Suite 602 Co., L.L.C.  
CITY-ST-ZIP Sarasota, FL 34236

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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.

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

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

SIGNATURE: *[Signature]*

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

Date 6/20/03

Daytime Phone #

CR2E083 (10/02)

AMENDED  
2003  
UBR