

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-08-2004 90272 048 ****50.00

DOCUMENT # L02000031509

1. Entity Name

TRIESTE 905, LLC



DO NOT WRITE IN THIS SPACE

34003877

2. Principal Place of Business

7575 PELICAN BAY BLVD

Suite, Apt. #, etc.

501

3. Mailing Address

7575 PELICAN BAY BLVD

Suite, Apt. #, etc.

501

DO NOT WRITE IN THIS SPACE

City & State
NAPLES FL.

City & State
NAPLES FL.

4. FEI Number
06-1668183

Applied For
☒ Not Applicable

Zip
34108

Country
USA

Zip
34108

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
WILLIAM A CORBETT

Street Address (P.O. Box Number is Not Acceptable)
7575 PELICAN BAY BLVD

501

City
NAPLES

FL

Zip Code
34108

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
MEMBER
NAME
JACQUELINE CORBETT
STREET ADDRESS
7575 PELICAN BAY BLVD
CITY-ST-ZIP
NAPLES FL 34108

TITLE
MANAGER
NAME
WILLIAM CORBETT
STREET ADDRESS
CA OFFICE
CITY-ST-ZIP

TITLE
MEMBER
NAME
JACQUELINE CORBETT
STREET ADDRESS
7575 PELICAN BAY BLVD
CITY-ST-ZIP
NAPLES FL 34108

TITLE
MEMBER
NAME
WILLIAM CORBETT
STREET ADDRESS
7575 PELICAN BAY BLVD
CITY-ST-ZIP
NAPLES FL 34108

TITLE
MANAGING MEMBER
NAME
JACQUELINE CORBETT
STREET ADDRESS
7575 PELICAN BAY BLVD - 501
CITY-ST-ZIP
NAPLES FL 34108

TITLE
NAME
NAPLES FLORIDA 34108
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: JACQUELINE CORBETT

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

APR 6, 2004

Date

234 541-1522

Daytime Phone #

CR2E083B (12/02)