LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 16, 2003 8:00 am
Secretary of State
03-26-2003 90048 004 ****50.00

DOCUMENT # L02000031509

1. Entity Name

TRIESTE 905, LLC

55026054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8787 BAY COLONY DR.	7575 PELICAN BAY BLVD
Suite, Apt. #, etc. APT 905	Suite, Apt. #, etc. APT 501
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34134 Country U.S.A.	Zip 34108 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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: W C Corbett — DATE

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE	MEMBER	TITLE	
NAME	JACQUELINE CORBETT	NAME	
STREET ADDRESS	7575 PELICAN BAY BLVD 501	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34108	CITY-ST-ZIP	
TITLE	MANAGER	TITLE	
NAME	WILLIAM CORBETT	NAME	
STREET ADDRESS	7575 PELICAN BAY BLVD 501	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	CITY-ST-ZIP	
TITLE	PRESIDENT -	TITLE	
NAME	JACQUELINE CORBETT	NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	as above	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	WILLIAM CORBETT	NAME	IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	as above	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/02)

1. 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: W C Corbett — March 19, 2003