

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90122 035 \*\*\*\*50.00

**DOCUMENT # L02000032271**

1. Entity Name

**MARSHALL'S LANDING, LLC**



Principal Place of Business

**9415 TOWN CENTER PARKWAY  
BRADENTON FL 34202**

Mailing Address

**9415 TOWN CENTER PARKWAY  
BRADENTON FL 34202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**57-1143864**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEYSER, STEPHEN B.  
1515 RINGLING BOULEVARD, 10TH FLOOR  
SARASOTA FL 34236  
MARSHALL'S LANDING, LLC**

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

Signature of registered agent.

**9415 TOWN CENTER PARKWAY  
BRADENTON FL 34202**

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Member Managing Member  
MP Investments, Inc.  
9415 Town Center Parkway  
Bradenton, FL 34202**

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Member  
KEYSER, STEPHEN B.  
1515 RINGLING BOULEVARD, 10TH FLOOR  
SARASOTA FL 34236**

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

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

☐ Delete

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**

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

**REQUIRED**

**Aug. 27, 2003**

941-907-6771

Date

Daytime Phone #

0019519

CR2E083 (4/03)