

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 26, 2003 8:00 am**  
**Secretary of State**

09-26-2003 90005 032 \*\*\*\*50.00

**DOCUMENT # L02000032724**

1. Entity Name

**CARLYLE DEVELOPMENT OF CRESCENT BEACH, LLC**



Principal Place of Business

Mailing Address

**715 HOLLY RD  
VERO BEACH FL 32963**

**715 HOLLY RD  
VERO BEACH FL 32963**

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

**51-0475177**

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

**BLOCK, SAMUEL A ESQ.  
979 BEACHLAND BLVD.  
VERO BEACH FL 32963**

Name **YANE F. ZANA**

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

**715 HOLLY ROAD**

City **VERO BEACH**

**FL**

Zip Code  
**32963**

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 signature required when reinstating)

**9/15/03**

DATE

**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 **Managing Member** ☒ Delete ☒ Add  
NAME **YANE F. ZANA**  
STREET ADDRESS **715 HOLLY ROAD**  
CITY-ST-ZIP **VERO BEACH, FL. 32963**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Managing Member** ☒ Delete ☒ Add  
NAME **ROBERT JOSEPH SCALES**  
STREET ADDRESS **66 NORTH ATLANTIC AVENUE**  
CITY-ST-ZIP **SUITE 205, COCA BEACH, FL. 32931**

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  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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.

SIGNATURE:

**YANE F. ZANA**  
**SIGNATURE REQUIRED**

**9/15/03**

**(772) 532 3418**

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

Date

Daytime Phone #

CR2E083 (4/03)