

AMENDED
**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000033020

1. Entity Name

PAGE FIELD PLAZA, L.L.C.



FILED 503251900013

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Principal Place of Business

Mailing Address

**2021 VALPARAISO BLVD.
 NORTH FORT MYERS FL 33917**

**2021 VALPARAISO BLVD.
 NORTH FORT MYERS FL 33917**

**DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA**

90153987



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

Applied For

02-0654178

Not Applicable

Zip

Country

Zip

Country

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

**SCHUMANN, RAYMOND L
 C/O SCHUMANN LAW GROUP, P.A.
 13141 MCGREGORY BLVD.
 FORT MYERS FL 33919**

Name

PIPER, THOMAS J.

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

2021 VALPARAISO BLVD.

City

NORTH FORT MYERS, FL

Zip Code

33917

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] **MGRM**

9/1/03

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

(NOTE: Registered Agent signature required when relinquishing)

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 PIPER, THOMAS J
 2021 VALPARAISO BLVD.
 NORTH FORT MYERS FL 33917**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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)(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:

SIGNATURE REQUIRED

9/1/03 239-731-1549