

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2003 8:00 am
Secretary of State

08-05-2003 90026 028 ****50.00

DOCUMENT # L02000033153

1. Entity Name
GSP-NAPLES, L.L.C.



Principal Place of Business
**21775 SOUND WAY
UNIT 102
ESTERO FL 33928**

Mailing Address
**605 SOUTH MAIN STREET
SUITE 2
ANN ARBOR MI 48104**

2. Principal Place of Business

3. Mailing Address
115 1/2 EAST LIBERTY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ANN ARBOR, MI

Zip

Country

Zip
48104 USA

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GIBBONS, MICHAEL C
21775 SOUND WAY
UNIT 102
ESTERO FL 39928**

7. Name and Address of New Registered Agent

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 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)

DATE _____

\$0.00

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 _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☒ Addition
NAME **MGR MICHAEL GIBBONS**
STREET ADDRESS **115 1/2 EAST LIBERTY**
CITY-ST-ZIP **ANN ARBOR, MI 48104**

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

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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: SIGNATURE REQUIRED

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

7/10/03 734-668-6062

Date Daytime Phone #

CR2E083 (4/03)