

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0004166

DOCUMENT # L02000033258

1. Entity Name

MATECUMBE CRYSTAL LAKE, LLC



FILED

2003 NOV 10 PM 4:23

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

8211 WEST BROWARD BOULEVARD, SUITE 120
FORT LAUDERDALE FL 33324

Mailing Address

8211 WEST BROWARD BOULEVARD, SUITE 120
FORT LAUDERDALE FL 33324

2. Principal Place of Business

PO BOX 4447

3. Mailing Address

PO BOX 4447

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33338

Country

USA

Zip

33338

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTOLLA, STEVEN

8211 WEST BROWARD BOULEVARD, SUITE 120
FORT LAUDERDALE FL 33324

2800 NE 24 COURT

Fort Lauderdale FL 33306

Name

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

2800 NE 24th Ct

City

Fort Lauderdale

FL

Zip Code

33306

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

10/31/03

FILE NOW!!! FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
MGRM SANTOLLA, STEVEN
STREET ADDRESS
8211 WEST BROWARD BOULEVARD, SUITE 120
CITY-ST-ZIP
FORT LAUDERDALE FL 33324

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
2800 NE 24th Ct
Fort Lauderdale FL 33306

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
100023399001
09/29/03--01048--008 **50.00

TITLE NAME
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TITLE 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: X SIGNATURE REQUIRED

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

9/20/03

Date

Daytime Phone #

CR2E083 (4/03)