

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

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DOCUMENT # L02000033670

1. Entity Name

MARBELLA CONDOMINIUM DEVELOPERS, L.L.C.



55022660

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 E GARDEN ST Suite, Apt. #, etc. 200 City & State PENSACOLA, FL Zip 32501 Country USA		3. Mailing Address 21 E GARDEN ST Suite, Apt. #, etc. 200 City & State PENSACOLA, FL Zip 32501 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0439460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DEL GALLO, STEVEN P.
Street Address (P.O. Box Number is Not Acceptable) 21 E GARDEN ST
SUITE 200
City PENSACOLA FL Zip Code 32501

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

FEE IS \$30.00
 Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MEMBER-33 PROPERTIES OF DEL GALLO	NAME STEVEN P. DEL GALLO
STREET ADDRESS 21 E GARDEN ST - SUITE 200	CITY- ST- ZIP PENSACOLA, FL 32501
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP

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 IN THIS SPACE**

CR2E0838 (1/02)

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: Steve Del Gallo 2/6/03 (850) 4698199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #