## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 11, 2003 8:00 am Secretary of State

UN	NIFORM BUSINES	S REPORT	(UBR)		Secretary of State	
DOCUMENT # L02000034540  1. Entity Name NAPLES BATH AND TENNIS CLUB MANAGEMENT,					03-11-2003 90030 004 ****50.00	
LLC						
4995 AIRPORT ROAD NORTH 4995 AIRP		Mailing Address 4995 AIRPORT ROAD NOT NAPLES, FL 34105	5 AIRPORT ROAD NORTH		30041650	
	4-				- I I D'ANTANT BUI BELLE HAN BRUIL BRUIL BRUIL BRUIL BRUIL HAN BUUL BUIL BUIL BUIL BUIL BUIL BUIL BUIL	
2. Principal Place of Business 17 W. Pennsylvania Ave. 17 W. Pennsylvania Ave				146.		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	00		☐ CHECK HERE IF MAKING CHANGES	
Suite City & State		City & State	,		4. FEI Number Applied For	
	son, Maryland	Towson, Y	Nacylan Country	V	05-0545 689   Not Applicable   \$5,00 Additional	1
Zip 21a	6. Name and Address of Current R	41204	<u> </u>	N_	5. Certificate of Status Desired Fee Required	
	7. Name and Address of New Registered Agent					
BEDKE, MIC	HAEL A ENNEDY BOULEVARD STE. 200	T. Starter agreement			es Eawdock Enc.	
TAMPA, FL			45	201 T	P.O. Box Number is Not Acceptable) Tamiam i Trail Nurth, Suite 300	
					The Code	
			City	aple	es FL Zip Code 34103	
	named entity submits this statement for tons of registered agent.	he purpose of changing its	registered office of	r registere	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE			Jon C	10	un-	
`*	Signature, typed or printed name of registered agent and	Jide i applicable. (NOTE	C Registered Agent Signal	ture reuju red	J when reinstaling) CATE	
**	••	FILE N Make Check Payab	DWIII FEE IS \$ Iè to Fiorida Dej		nt of State	Ì
			By May 1, 2003			
9.	MANAGING MEMBER	S/MANAGERS  Delete	10. 1ITLE	MG	ADDITIONS/CHANGES  Change Maddition	5
NAMÉ	· ·	L Delete	NAME	cont	tinental Realty Investors Corp.	100
STREET ADDRESS City-St-Zip			STREET ADDRESS City-St-Zip	,	oson, WD SISOY	600
TITLE		☐ Delete	TITLE	100	☐ Change ☐ Addition	200
NAME STREET ADDRESS			NAMÉ STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-2IP			
TITLE NAME		☐ Delete	TITLE NAMÉ		. Change Addition	
_STREET ADDRESS	g temperature a second		STREET ADDRESS		and the second s	١
City-st-ziP			CITY-ST-ZIP		Change Children	1
TITLE NAME		☐ Del <i>e</i> te	TITLE NAMÉ		☐ Change ☐ Addition	
STREET ADDRESS CRY-ST-ZIP			STREET ADDRESS City-St-zip			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	İ
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME	. •	□ Delete	TITLÉ NAMÉ			
STREET ADDRESS	•		STREET ADDRESS			
CITY-ST-ZIP	artify that the information complied with the	nie filling dage net auglië: for	the exemption sta	ted in Sa	untion 110 07/3Y(). Elevine Statutes I further earlier that the information	ļ
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 808, Florida Statutes.  Comb., Realty In V. Comp.						
SIGNATURE: Willia W Tunner VIB WILLIAM H. KINGER JA 410-296-4800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE Date Carylina Propage						