

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-11-2003 90030 004 ****50.00

DOCUMENT # L02000034540

1. Entity Name
NAPLES BATH AND TENNIS CLUB MANAGEMENT, LLC



Principal Place of Business
**4995 AIRPORT ROAD NORTH
NAPLES, FL 34105**

Mailing Address
**4995 AIRPORT ROAD NORTH
NAPLES, FL 34105**

30041650



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
17 W. Pennsylvania Ave.

3. Mailing Address
17 W. Pennsylvania Ave.

Suite, Apt. #, etc.
Suite 500

Suite, Apt. #, etc.
Suite 500

City & State
Towson, Maryland

City & State
Towson, Maryland

Zip
21204

Country
USA

Zip
21204

Country
USA

4. FEI Number
05-0545689

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BEDKE, MICHAEL A
101 EAST KENNEDY BOULEVARD STE. 200
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name **Naples Kawdock Inc.**
Street Address (P.O. Box Number is Not Acceptable)
4501 Tamiami Trail North, Suite 300
City **Naples** FL Zip Code **34103**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Cont. Realty Inv. Corp.

William H. Kinnear Jr.

3/8/03
William H. Kinnear Jr.

410-296-4800

CR2E083 (10/02)