

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90067 002 ****50.00

DOCUMENT # L02000034709

1. Entity Name

PFAHLER PROPERTIES BEAVER CREEK, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

919 Chickadee Drive

3. Mailing Address

919 Chickadee Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice, FL 34292

City & State

Venice, FL

4. FEI Number

06-1669277

Applied For

Not Applicable

Zip

34292

Country

USA

Zip

34292

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Christina Pfahler

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

919 Chickadee Drive

City

Venice

FL

Zip Code

34292

**DO NOT WRITE
IN THIS SPACE**

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

W. Pfahler

DATE

2/10/03

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Christina Pfahler, Member
919 Chickadee Dr.
Venice, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Kenneth Pfahler, Member
919 Chickadee Drive
Venice, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

W. Pfahler

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

Date

Daytime Phone #

CR2E083B (12/02)