

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 27 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L94000000153

1. Entity Name

CRYSTAL BEACH PARTNERS, L.C.

Principal Place of Business

35008 EMERALD COAST PKWY
STE #200
DESTIN FL 32541

Mailing Address

35008 EMERALD COAST PKWY
STE #200
DESTIN FL 32541-4752

2. Principal Place of Business

10065 US Hwy 98 West
Suite, Apt. #, etc.
Suite C-4

3. Mailing Address

10065 US Hwy 98 West
Suite, Apt. #, etc.
Suite C-4

City & State

Destin FL

City & State

Destin FL

4. FEI Number

58-2137133

Applied For

Not Applicable

Zip

32541

Country

Walton

Zip

32541

Country

Walton

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORBES, JAMIE III
35008 EMERALD COAST PARKWAY
SUITE 400
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name
Forbes, Jamie III
Street Address (P.O. Box Number is Not Acceptable)
10065 US Hwy 98 West
Suite C-4
City
Destin FL Zip Code
32541

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.

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 Department of State

700003249657--5
-05/12/00--01010--025
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CB DEVELOPMENT, INC.
35008 EMERALD COAST PKWY #400
DESTIN FL 32541 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CB Development
10065 US Hwy 98 West
Destin, FL 32541 ☒ Change ☐ Addition
Suite C-4

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)