

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 23 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

mm

DOCUMENT # L95000000866

1. Entity Name
617 FLEMING STREET PARTNERS, L.C.

Principal Place of Business
ATTN: TERESA WILLIS
330 JULIA STREET
KEY WEST FL 33040

Mailing Address
ATTN: TERESA WILLIS
330 JULIA STREET
KEY WEST FL 33040-7512

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0637830

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, MARCI L ESQ.
818 WHITE STREET
KEY WEST FL 33040

Name

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

City

FL

Zip Code

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

KEA A-FBI LE 3000
500 1111 61000

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
WILLIS, TERESA
% 330 JULIA STREET
KEY WEST FL 33040 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
SMITH, ERIC T
% 330 JULIA STREET
KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400003244824--9
-05/09/00--01092--003
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
WILLIS, WILLIAM T
% 330 JULIA STREET
KEY WEST FL 33040 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
WILLIS, KAYE
% 330 JULIA STREET
KEY WEST FL 33040 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
HUGHES, J. MARSHALL
% 330 JULIA STREET
KEY WEST FL 33040 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
HUGHES, JUDI
% 330 JULIA STREET
KEY WEST FL 33040 ☐ 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:

Teresa Willis - Co Manager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-2-00 305-296-6459

CR2E083 (9/99)