

2001 UNIFORM BUSINESS REPORT (UBR)

0031283 AF

DOCUMENT # L97000000147

1. Entity Name
EMERALD BAY PROPERTIES L.C.

FILED

2001 MAY -2 AM 11:11

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1116 24TH STREET, SUITE 2
SANTA MONICA CA 90403

Mailing Address
POST OFFICE BOX 4114
WEST HILLS CA 91308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3403096

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

ADAMS, ROBERT D
4123 NANCEE DRIVE
PANAMA CITY BEACH FL 32408

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

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 MGRM ☐ Delete
NAME MILLER, GREGG H
STREET ADDRESS 1116 24TH STREET, #2
CITY-ST-ZIP SANTA MONICA CA 90403

TITLE ☐ Change ☐ Addition
NAME 3280
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME MILLER, WYNN A
STREET ADDRESS 4083 GLENCOE
CITY-ST-ZIP MARINA DEL REY CA 90292

TITLE ☐ Change ☐ Addition
NAME 800004335308-7
STREET ADDRESS -05/31/01--01009--025
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME MILLER MUTRUX, DONNA L
STREET ADDRESS 325 S. CLARK DRIVE
CITY-ST-ZIP BEVERLY HILLS CA 90211

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

TITLE MGRM ☐ Delete
NAME ADAMS, ROBERT D
STREET ADDRESS 4123 NANCEE DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

CR2E083 (11/00)