

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90022 006 ****50.00

DOCUMENT # L97000001102

1. Entity Name

700 FRONT STREET ASSOCIATES, L.C.

Principal Place of Business

**700 FRONT STREET
KEY WEST FL 33040**

Mailing Address

**700 FRONT STREET
KEY WEST FL 33040**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1712265

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**TERMINELLO, LOUIS J ESQ
CHADROFF TERMINELLO & TERMINELLO
2700 S.W. 37TH AVENUE
MIAMI FL 33133-2728**

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SMITH, WILLIAM ASHLEY
700 FRONT STREET
KEY WEST FL 33040** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SMITH, CAMY JO
700 FRONT STREET
KEY WEST FL 33040** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SMITH, SUE B
215 BROADUS STREET
STURGIS MI 49091** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SMITH, MELISSA JEANNE
215 BROADUS STREET
STURGIS MI 49091** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MRG
TRIPP, PAUL
231 MARGARET STREET
KEY WEST FL 33040** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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: *Melissa J. Smith*

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

Date

2/11/02

Daytime Phone #

(616) 651-8452

CR2E083 (9/01)

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