**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9700001371 **Secretary of State** 03-29-2002 91214 012 \*\*\*\*50 00 GULF BREEZE ASSOCIATES LIMITED COMPANY Principal Place of Business Mailing Address **87 FAIRFIELD ROAD** 2032 GULF BEACH VILLAS SOUTH SEAS PLANTATION ROAD FAIRFIELD NJ 07004 CAPTIVA FL 32924 2. Principal Place of Business 3. Mailing Address 25 BEACH HOHES ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE UNIT 05 Applied For City & State City & State 4. FEI Number 22-3560217 CAPTIVA, FLORIDA Not Applicable Zip 33924 Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RATLIFF, ROBERT L III Street Address (P.O. Box Number is Not Acceptable) 2340 PERIWINKLE WAY, SUITE J-3 SANIBEL ISLAND FL 33957 Zip Code City 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 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS ☐ Addition CR2E083 (9/01) MGRM Delete TITLE TITLE ANDERSEN, DAN NAME NAMÉ STREET ADDRESS STREET ADDRESS **87 FAIRFIELD ROAD** CITY-ST-ZIP CITY-ST-ZIP **FAIRFIELD NJ 07004** MGRM ☐ Change ☐ Addition TITL F Delete TITLE ANDERSEN, JOHN NAME STREET ADDRESS STREET ADDRESS **87 FAIRFIELD ROAD** CITY-ST-ZIP CITY-ST-ZIP FAIRFIELD NJ 07004 MGRM Addition Change -----☐ Delete TITLE ANDERSEN, RUTH NAME 87 FAIRFIELD ROAD STREET ADDRESS STREET ADDRESS FAIRFIELD , NJ 07004 CITY-ST-ZIP CITY3ST-ZIP MERM Addition ☐ Change TITLE . ☐ Delete ANDERSEN , JANET NAME NAME 87 FAIRFIELD RUAD STREET ADDRESS STREET ADDRESS FAIRFIELD, NJ 07004 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not publify 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 stenature 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 of trustee enjoyment to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE