

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014364
AF

DOCUMENT # **L98000000301**

1. Entity Name
MANATEE ISLAND, LC

00 MAY -3 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|--|
| Principal Place of Business 5046 ROSEN BLVD. BOYNTON BEACH FL 33437 | Mailing Address P.O. BOX 74-1283 BOYNTON BEACH FL 33474-1283 |
|---|--|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0822228** 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

DIAZ DALY, BARBARA M
5046 ROSEN BLVD.
BOYNTON BEACH FL 33437

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME **MGRM DIAZ DALY, BARBARA M**
STREET ADDRESS **5046 ROSEN BLVD.**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM DIAZ, MYRON R**
STREET ADDRESS **5046 ROSEN BLVD.**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE Change Addition
NAME
STREET ADDRESS **700003269707--3**
CITY-ST-ZIP **-05/30/00--01014--012**
*******50.00 *****50.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **5/1/00** Daytime Phone # **(361) 738-9444**

CR2E083 (9/99)