

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90126 025 ****50.00

974706

DO NOT WRITE IN THIS SPACE

DOCUMENT # L980000009731. Entity Name
DIAMONDHEAD RESTAURANT & LOUNGE, L.C.Principal Place of Business
**2000 ESTERO BOULEVARD
FORT MYERS BEACH FL 33931**Mailing Address
**SUNSTREAM, INC.
6620 ESTERO BLVD.
FORT MYERS BEACH FL 33931**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3530951**Applied For
Not Applicable5. 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

**MONSRUD, MARY A
6620 ESTERO BLVD.
FT. MYERS BEACH FL FL339-31**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **DIAMONDHEAD ISLAND BEACH RESORT, L.C.**
STREET ADDRESS **2000 ESTERO BOULEVARD**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED

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

7/30/2002 (239) 765-7654
Date Daytime Phone #

CR2E083 (4/02)