200	UNIFURM BUS	INESS KEPU	/K I	(ARK)	-					
DOCUMENT # L9800001205 1. Entity Name WATERFRONT DEVELOPMENTS OF SARASOTA, L.C. FILED										
WATERFRONT DEVELOPMENTS OF SARASOTA, L.C.					FILE	U	W.			
				01.	JAN 10 AN	1 8: 30	i 1/10	6		
Principal Place of Business		Mailing Address			RETARY 0	#⊪S:TΔT.F	I			
584 HORNBLOWER LN. LONG BOAT KEY FL 34228		584 HORNBLOWER EN. SEE LONG BOAT KEY FL 34228 TAUL			AHASSEE	FLORIDA				
				•	1 188118		 }	FEDERAL SERVICE	11 1 1 1	
2 Principal P	Place of Business	2 Mailing Address	. Mailing Address							
2. Timopar race of Business		G. Walling Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Number	65-0855947		-	plied For	,	
Zip Country		Zip Coun		try	5. Certificate of Status Desired S5.00 Ac Fee Requir			00 Add	litional	1
·	6. Name and Address of Current	Registered Agent			7. Name and a	Address of New Re			u	_
ROKNICH, NICK III				Name	•				~	
C/O ROKNICH & GIBSON				Street Address (P.O. Box Number	is Not Acceptable)		·		1
1800 SECOND STREET, SUITE 901										
SARASOTA FL 34236				City			FL	Zip Code	9	1
8. The above	named entity submits this statement for	r the purpose of changing its	registere	ed office or register	ed agent, or both	, in the State of Flori				1
SIGNATURE .										ŀ
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered	d Agent signature required	when reinstating)		DATE		 	
	:	FILE NO	OWIII	FEE IS \$50.00						
		Make Check Pa	yable to	o Department o	f State					
9.	MANAGING MEMBE		10.			ADDITIONS/0	CHANGES			╛ _╾
TITLE NAME	LEHMER, DONALD	Delete	TITLE		et e	00035		Change	Addition	1/00
STREET ADDRESS	584 HORNBLOWER LN. LONG BOAT KEY FL 34228			ET ADDRESS			010109			E083 (11/00)
CITY-ST-ZIP	MGR	☐ Delete	TITLE	-ST-ZIP		*****	<u>**</u> 00.0	<u>未未来5</u>] Change	Addition	⊣જ
NAME	LEHMER, SUSAN 584 HORNBLOWER LN.		NAME	<u> </u>			u	Sugnigo		0
STREET ADDRESS CITY-ST-ZIP	LONG BOAT KEY FL 34228			ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition	1
NAME STREET ADDRESS		· = = ·	NAME	ET ADDRESS						
CITY-ST-ZIP			CITY-	·ST-ZIP						
TITLE NAME		Delete	TITLE NAME					Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP		□ Delete	CITY-	ST-ZIP				Change	☐ Addition	┨
NAME		ت ۵۰۱۷۱۵	NAME	:			ш.	stratigo,)
STREET ADDRESS CITY-ST-ZIP		•		ET ADDRESS ST-ZIP						l
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE					Change	Addition	1
NAME STREET ADDRESS			NAME STREE	ET ADDRESS						
CITY-ST-ZIP			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: DOLA A CONTROL OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deviring Phone #										
	tribe on Finition reside OF		uen, UN A	TO THE OWNER DEFRESER	*****	Date	uaytime l	HONE #		1