

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90107 046 \*\*\*\*50.00

**DOCUMENT # L98000002188**

1. Entity Name  
**HORSESHOE PARK OF COMMERCE, L.C.**



Principal Place of Business  
**1100 COMMERCIAL BLVD., #118  
NAPLES FL 34104**

Mailing Address  
**1100 COMMERCIAL BLVD., #118  
NAPLES FL 34104**

**20025104**



2. Principal Place of Business

3. Mailing Address

**3073 SOUTH HORSESHOE DRIVE  
SUITE 118  
NAPLES, FLORIDA 34104**

**3073 SOUTH HORSESHOE DRIVE  
SUITE 118  
NAPLES, FLORIDA 34104**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3539118**

Applied For  
Not Applicable

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

**ARNOLD, DEAN A  
1100 COMMERCIAL BLVD., #118  
NAPLES FL 34104**

Name

Street Address (P.O. Box Number is Not Acceptable)

**3073 SOUTH HORSESHOE DRIVE  
SUITE 118**

City

**NAPLES, FLORIDA 34104**

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-5-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete  
NAME **ARNOLD, DEAN A**  
STREET ADDRESS **1100 COMMERCIAL BLVD., #118**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Change ☐ Addition  
NAME **3073 SOUTH HORSESHOE DRIVE**  
STREET ADDRESS **SUITE 118**  
CITY-ST-ZIP **NAPLES, FLORIDA 34104**

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  
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 REQUIRED**

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

Date

Daytime Phone #

**2-5-03 239-643-6333**

CR2E083 (10/02)