2000	O ONIFORM BOS	INE22 KER	JK I	(UBK)		,	•		
DOCOMENT # L9800002307 1. Entity Name CLUB ESPRIT, L.C.						FILED 00 JAN 12 PM 12: 15			
	·					CECCETABY OF CTA	TE		
525 ONE CEN CLUB ESPRIT	ce of Business NTER BOULEVARD APARTMENT SUITES SPRINGS FL 32701	Mailing Address 525 ONE CENTER BOULEVARD CLUB ESPRIT APARTMENT SUITES ALTAMONTE SPRINGS FL 32701-2201		SECRETARY OF STATE TALLAHASSEE. FLORIDA					
2. Principal F	Place of Business	3. Mailing Address			-				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat		City & State		4. FEIN	59-3538248	No	pplied For ot 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 Name					
GARRIS, CHARLES E					(PO Boy N	lumber is Not Accentable)	_		
817 BEACHLAND BOULEVARD VERO BEACH FL 32963				Street Address (P.O. Box Number is Not Acceptable)					
				City		F	Zip Cod	e	
	e named entity submits this statement fo	r the purpose of changing its	s registere	ed office or registe	ered agent,	or both, in the State of Florida.		:	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable . (NOT	TE: Registere	d Agent signature require	ed when reinstati	ng) DAT	E		
	,	FILE N Make Check Pa	-	FEE IS \$50.00 o Department o					
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/CHANG	ES		
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR FRED R. TUERPE, CLUB ESPRIT 525 ONE CENTER BOULEVARD ALTAMONTE SPRINGS FL 32701	Detecto APARTMENTS				500003104 -01/20/00	□ Change 4 1 25 - -010360	□ Addition 9	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta		i		*****50.B0) Dar Distriction	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta		!			Change	☐ Addition	
TITLE NAME STREET ABORESS CITY-ST-ZIP		☐ Delete	1			. 0	Change	Addition	
TITLE NAME STREF! ADDRESS CITY-ST-ZIP	·	☐ Delete	1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5	☐ Deiste					Change	Addition	
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 SIGNATURE SIGNATURE HID TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Date Description 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. (407) SIGNATURE: SIGNATURE HID TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Description of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
	SIGNATURE AND TYPED OF PRIN	HED NAME OF SIGNING MANAGING	MEMBER O	MANAGER	•	Date	Daytime Phone #	1	