

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90011 016 ****50.00

DOCUMENT # L98000002947

1. Entity Name

5TH AVENUE/3RD STREET DEVELOPMENT, L.L.C.

Principal Place of Business

**1170 THIRD STREET SOUTH
SUITE C-206
NAPLES FL 34103**

Mailing Address

**1170 THIRD STREET SOUTH
SUITE C-206
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0890308

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

**CONROY, J. THOMAS III
3838 TAMiami TRAIL NORTH, SUITE 402
NAPLES FL 34103**

Name

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

2640 Golden Gate Parkway, Suite 115

City Naples

FL

Zip Code
34105

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	NASHMAN, JAMES A	26811 SOUTH BAY DRIVE, SUITE 350	BONITA SPRINGS FL 34134	<input type="checkbox"/>
MGRM	KEPLEY, RICHARD B	1170 THIRD STREET SOUTH, SUITE C-206	NAPLES FL 34103	<input type="checkbox"/>
MGRM	CONROY, J. THOMAS III	3838 TAMiami TRAIL NORTH, SUITE 402	NAPLES FL 34103	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
MGRM	Conroy, J. Thomas III	2640 Golden Gate Parkway, Suite 115	Naples, Florida 34103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

4/4/02 239-649-5200

Date

Daytime Phone #

CR2E083 (9/01)