

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004076 AF

DOCUMENT # **L99000000116**

1. Entity Name  
**FLORIDA FAIRWAY PARTNERS, LLC**

FILED

01 APR 12 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**546 HWY 98 EAST, SUITE C  
DESTIN FL 32541**

Mailing Address  
**546 HWY 98 EAST, SUITE C  
DESTIN FL 32541**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**600 Hwy 98 E Ste 200**  
Suite, Apt. #, etc.

3. Mailing Address  
**600 Hwy 98 E Ste 200**  
Suite, Apt. #, etc.

City & State  
**Destin FL**

City & State  
**Destin FL**

4. FEI Number **59-3965230** Applied For  
 Not Applicable

Zip **32541** 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

**BISHOP, JERRY  
775 GULF SHORE DRIVE #9211  
DESTIN FL 32541**

Name **Jerry Bishop**  
Street Address (P.O. Box Number is Not Acceptable)  
**600 Hwy 98 E Ste 200**  
City **DESTIN** FL Zip Code **32541**

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 *Jerry Bishop* (NOTE: Registered Agent signature required when reinstating) DATE 3/22/01  
Signature, typed or printed name of registered agent and title, if applicable.

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM REALTY ADVISORS, INC. 546 HWY 98 EAST, SUITE C DESTIN FL 32541</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>600 Hwy 98 E Ste 200</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>508004037325-5</b> <b>-04/23/01-01010-001</b> <b>*****50.00 to 50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jerry Bishop* **REQUIRED** DATE 3/22/01 DAYTIME PHONE # 850 650 2897  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)