

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-10-2003 90105 028 \*\*\*\*50.00

**DOCUMENT # L99000001053**

1. Entity Name

**SNAPPER COVE PROPERTIES, L.L.C.**



Principal Place of Business

**4030 NE JOE'S POINT ROAD  
STUART FL 34996**

Mailing Address

**1820 NE JENSEN BCH BLVD  
PMB 626  
JENSEN BEACH FL 34957**

2. Principal Place of Business

3. Mailing Address

**383 NE. BAKER ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**STUART, FL**

4. FEI Number

**65-0896522**

Applied For

Not Applicable

Zip

Country

Zip

**34994**

Country

**USA**

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

**BEARD, DONESE K  
4030 NE JOE'S POINT ROAD  
STUART FL 34996**

Name

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

City

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
BEARD, LTD.  
4030 NE JOE'S POINT ROAD  
STUART FL 34996**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ 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:

*Donese K. Beard*

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

**2/6/03 772-341-1001**

Date

Daytime Phone #

CR2E083 (10/02)