

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90006 009 ****50.00

DOCUMENT # L99000001442

1. Entity Name

FLORIDA GULF PROPERTY III, L.L.C.

Principal Place of Business

**25130 RIDGE OAK DRIVE
 BONITA SPRINGS FL 34134**

Mailing Address

**25130 RIDGE OAK DRIVE
 BONITA SPRINGS FL 34134**

2. Principal Place of Business

6947 Verde Way

Suite, Apt. #, etc.

3. Mailing Address

6947 Verde Way

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples FL

4. FEI Number

65-0922090

Applied For

Not Applicable

Zip

Country

34108

USA

Zip

Country

34108

USA

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

**PICKENPACK, THIES
 25130 RIDGE OAK DRIVE
 BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name **Pickenpack, Thies**

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

6947 Verde Way

City **Naples**

FL

34108

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 **Thies Pickenpack**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-PR-LL

2-25-02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **PICKENPACK, THIES**
 STREET ADDRESS **25130 RIDGE OAK DRIVE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **8-PR-LL**

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

Date

Daytime Phone #

2-25-02

944-592-7303

CR2E083 (9/01)