

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001460

1. Entity Name
SPARTINA INVESTMENT PROPERTIES, L.L.C.

Principal Place of Business

46 N. WASHINGTON BLVD., #1
SARASOTA FL 34236

Mailing Address

46 N. WASHINGTON BLVD., #1
SARASOTA FL 34236-5932

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

65-0907420

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

PATTERSON, JOHN

46 N. WASHINGTON BLVD., #1

SARASOTA FL 34236

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.

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME PATTERSON, JOHN
STREET ADDRESS 46 N. WASHINGTON BLVD., #1
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800003238978-7
-05/04/00--01010--020
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

John Patterson
JOHN PATTERSON, Manager

REQUIRED

(941) 365-0550

Date

Daytime Phone #

0008399 AF

CR2E083 (9/99)

APPROVED
AND
FILED

00 APR 18 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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DO NOT WRITE IN THIS SPACE