

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L990000001771

1. Entity Name

602 MANAGEMENT, L.L.C.

Principal Place of Business

4901 TAMiami TRAIL NORTH
NAPLES FL 34103

Mailing Address

4901 TAMiami TRAIL NORTH
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

65-0901032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

U.S. INVESTOR SERVICES, INC.

4901 TAMiami TRAIL
NAPLES FL 34103-3010

7. Name and Address of New Registered Agent

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

300003576373--6
-01/26/01--01047--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGR
GULF SHORE INVESTMENTS, INC.
STREET ADDRESS 4001 TAMiami TRAIL NORTH, SUITE 265
CITY-ST-ZIP NAPLES FL 34103

TITLE NAME ☐ Delete
MGR
INTERNATIONAL GENERAL PARTNER, INC.
STREET ADDRESS 4001 TAMiami TRAIL NORTH, SUITE 265
CITY-ST-ZIP NAPLES FL 34103

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
MGR
Gulf Shore Investments, Inc.
STREET ADDRESS 4901 Tamiami Trail North
CITY-ST-ZIP Naples, FL 34103

TITLE NAME ☒ Change ☐ Addition
MGR
International General Partners, Inc.
STREET ADDRESS 4901 Tamiami Trail North
CITY-ST-ZIP Naples, FL 34103

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

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

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

TITLE NAME ☐ Change ☐ Addition
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: *[Signature]* SIGNATURE REQUIRED

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

Date

Daytime Phone #

1-12-01

941-213-4000

FILED

01 JAN 17 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)