

2001 UNIFORM BUSINESS REPORT (UBR)

0020724 AF

DOCUMENT # L99000002065

1. Entity Name
PLANET KARAOKE PROPERTIES, L.C.

Principal Place of Business
RESORT MANAGEMENT
2640 GOLDEN GATE PKWY., SUITE 114
NAPLES FL 34105

Mailing Address
RESORT MANAGEMENT
2640 GOLDEN GATE PKWY., SUITE 114
NAPLES FL 34105

FILED

01 MAR 29 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
2685 S. HORSESHOE DR.
Suite, Apt. #, etc.
215
City & State
NAPLES, FL
Zip
34104
Country
USA

DO NOT WRITE IN THIS SPACE

City & State
Zip
Country

4. FEI Number 59-3590414
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

ROSENOW, ROBERT
2640 GOLDEN GATE PKWY., #114, 2685 S. HORSESHOE DR.
NAPLES FL 34105 34104
SUITE 215

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 *Robert Rosenow* (NOTE: Registered Agent signature required when reinstating) DATE *Mar 23, 01*

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GATES, TODD 5405 PARK CENTRAL COURT NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCVEY, JAMES 5405 PARK CENTRAL COURT NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALIA, JAMES M 27221 ELAINE DRIVE BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENOW, ROBERT 2640 GOLDEN GATE RD., SUITE 114 NAPLES FL 34105	<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"/> 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENOW, Robert 2685 Horseshoe Dr. South # 215 Naples FL 34104	<input checked="" 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: *Robert Rosenow* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE *Mar 23, 01* 941-642-5466 Daytime Phone #

CR2E083 (11/00)