

2001 UNIFORM BUSINESS REPORT (UBR)

0021700 AF

DOCUMENT # L99000002587

1. Entity Name

BERMUDA BAY TOWNHOUSE RENTALS L.L.C.

FILED

01 FEB 22 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1427 GULF DRIVE NORTH
BRADENTON BEACH FL 34217

Mailing Address

1427 GULF DRIVE NORTH
BRADENTON BEACH FL 34217

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

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURKE, JAMES J
1427 GULF DRIVE NORTH
BRADENTON BEACH FL 34217

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS BURKE, MARY LOU
CITY-ST-ZIP 1427 GULF DRIVE NORTH
BRADENTON BEACH FL 34217

TITLE NAME MGR
STREET ADDRESS BURKE, JAMES J
CITY-ST-ZIP 1427 GULF DRIVE NORTH
BRADENTON BEACH FL 34217

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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CITY-ST-ZIP

TITLE 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:

James Burke

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

2/1/01

Date

941778 1642

Daytime Phone #

CP2E083 (11/00)