

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92170 046 \*\*\*\*50.00

**DOCUMENT # L99000002637**



1. Entity Name

**LOST KEY BEACH CLUB, L.C.**

Principal Place of Business

**40001 EMERALD COAST PARKWAY  
DESTIN FL 32541**

Mailing Address

**40001 EMERALD COAST PARKWAY  
DESTIN FL 32541**

**44003414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-1957832**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MATTHEWS, DANA C-ESQ  
MATTHEWS & HAWKINS, P.A.  
607 HIGHWAY 98 EAST  
DESTIN FL 32541**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete  
NAME **COASTLINE PROPERTY DEVELOPMENT INC**  
STREET ADDRESS **40001 EMERALD COAST PARKWAY**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **MGRM** ☒ Delete  
NAME **ELJ, INC**  
STREET ADDRESS **40001 EMERALD COAST PKWY**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **MGR** ☐ Delete  
NAME **ADKINSON, MIKE**  
STREET ADDRESS **502 GREENWAY COVE**  
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **MGR / S** ☒ Change ☐ Addition  
NAME **Adkinson, Mike**  
STREET ADDRESS **502 Greenway Cove**  
CITY-ST-ZIP **Niceville FL 32578**

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

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

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:

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

Date

Daytime Phone #

CR2E063 (10/02)