

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002638

1. Entity Name

PEARL PARTNERS, LLC

Principal Place of Business

431 S. CREEK DRIVE
OSPREY FL 34229

Mailing Address

431 S. CREEK DRIVE
OSPREY FL 34229

2. Principal Place of Business

7697 Cove Terrace

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 868

Suite, Apt. #, etc.

City & State

Sarasota Florida

City & State

Osprey Florida

Zip

34231

Country

USA

Zip

34229

Country

USA

4. FEI Number

65-0927135

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HANKIN, LAWRENCE M
2033 MAIN STREET, SUITE 400
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name Marvin Kaplan
Street Address (P.O. Box Number is Not Acceptable)

7697 Cove Terrace

City Sarasota

FL

Zip Code 34231

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)

6/10/02
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
STREET ADDRESS KAPLAN, MARVIN
CITY-ST-ZIP 431 S CREEK DRIVE
OSPREY FL 34229 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS KAPLAN, KATHRYN
CITY-ST-ZIP 431 S CREEK DRIVE
OSPREY FL 34229 ☐ Delete

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 MGRM
STREET ADDRESS Marvin Kaplan
CITY-ST-ZIP 7697 Cove Terrace
Sarasota, FL 34231 ☒ Change ☐ Addition

TITLE NAME MGRM
STREET ADDRESS Kathryn Kaplan
CITY-ST-ZIP 7697 Cove Terrace
Sarasota, FL 34231 ☒ Change ☐ Addition

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 REQUIRED

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

1/13/02
Date

941-587-9000
Daytime Phone #

FILED
Jun 12, 2002 8:00 am
Secretary of State

04-22-2002 90237 020 ***150.00

92661



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)