2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03232900160
8/15/2003-90055-034-$55.00-$55.00

FILED
2003 OCT -3 AM 8:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0071500

DOCUMENT # L99000002729

1. Entity Name
ANASTASIA ISLAND ASSOCIATES, L.L.C.

Principal Place of Business	Mailing Address
23235 WOODWARD AVENUE FERNDALE MI 48220	23235 WOODWARD AVENUE FERNDALE MI 48220

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
8200 A1A South		8200 A1A South	
Suite, Apt. #, etc.: Unit #34		Suite, Apt. #, etc.: Unit #34	
City & State: St. Augustine, Florida		City & State: St. Augustine, Florida	
Zip: ~~32086~~ 32080	Country: USA	Zip: ~~32086~~ 32080	Country

4. FEI Number 59-3575966 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KNIGHT, KEVIN J
8200 AIA SOUTH, UNIT 34
ST. AUGUSTINE FL ~~32086~~ 32080

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

SIGNATURE [signature] 7/21/03
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			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM (President) KNIGHT, KEVIN J 8200 AIA SOUTH, UNIT 34 ST. AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BENDA, GEORGE 23235 WOODWARD AVENUE FERNDALE MI 48220	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member: Secretary Gayle Chinn 8200 A1A South, Suite #34 St. Augustine, Florida 32086	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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) 7/21/03 248-797-4717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #