

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

100 MAY -2 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002061 AF

DOCUMENT # **L99000002929**

1. Entity Name
HIDDEN HARBOUR MARINA, L.L.C.

Principal Place of Business
**2315 N.E. 15TH STREET
POMPANO BEACH FL 33062**

Mailing Address
**2315 N.E. 15TH STREET
POMPANO BEACH FL 33062-8227**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0948532**

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

**DOBROFSKY, STEVEN R
2315 N.E. 15TH STREET
POMPANO BEACH FL 33062**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME **MGR DOBROFSKY, STEVEN R** Delete
STREET ADDRESS **2315 N.E. 15TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **MGRM BERKE, BENITTA** Delete
STREET ADDRESS **2315 N.E. 15TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE NAME **400003260734-3** Change Addition
STREET ADDRESS **-05/13/00--01133--004**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
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: *STEVEN R. DOBROFSKY* **STEVEN R. DOBROFSKY** 4/27/00 954-786-5210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)