

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # / L99000003280

1. Entity Name
180 9TH STREET SOUTH, L.L.C.

FILED

01 JAN 19 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4901 TAMiami TRAIL NORTH
NAPLES FL 34103

Mailing Address
4901 TAMiami TRAIL NORTH
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3583371

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

U.S. INVESTOR SERVICES, INC.
4901 TAMiami TRAIL NORTH
NAPLES FL 34103-3010

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

10. ADDITIONS/CHANGES

TITLE NAME
MGR
GULF SHORE INVESTMENTS, INC.
STREET ADDRESS
4001 TAMiami TRAIL NORTH, SUITE 265
CITY-ST-ZIP
NAPLES FL 34103 ☐ Delete

TITLE NAME
MGR
Gulf Shore Investments, Inc.
STREET ADDRESS
4901 Tamiami Trail North
CITY-ST-ZIP
Naples, FL 34103 ☒ Change ☐ Addition

TITLE NAME
MGR
INTERNATIONAL GENERAL PARTNER, INC.
STREET ADDRESS
4001 TAMiami TRAIL NORTH, SUITE 265
CITY-ST-ZIP
NAPLES FL 34103 ☐ Delete

TITLE NAME
MGR
International General Partner, Inc.
STREET ADDRESS
4901 Tamiami Trail North
CITY-ST-ZIP
Naples, FL 34103 ☒ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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] 1-15-01 941-213-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)