

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90300 033 ****50.00

DOCUMENT # L99000003362

1. Entity Name

MAINE BOULEVARD, II, L.L.C.



DO NOT WRITE IN THIS SPACE

24028168

2. Principal Place of Business

7402 Park Springs Circle

Suite, Apt. #, etc.

3. Mailing Address

7402 Park Springs Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL 32835

City & State

Orlando, FL 32835

4. FEI Number

41-2047521

Applied For

Not Applicable

Zip

32835

Country

Orange

Zip

32835

Country

Orange

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Douglas Lyons

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

325 N Calhoun St

Tallahassee, FL 32301

City

Tallahassee, FL

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
Douglas Lyons
325 N Calhoun St
Tallahassee, FL 32301

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
Charles E Hawthorne
P O BOX 289
Windermere, FL 34786

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CGL Investments, LLC-MGRM
7402 Park Springs Circle
Orlando, FL 32835

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
Bert Chesnut
7402 Park Springs Circle
Orlando, FL 32835

TITLE
NAME
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CITY- ST- ZIP

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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Bert Chesnut

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

Date

Daytime Phone #

3/21/04 407-294-9625

CR2E083B (12/02)