

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L99000004225**

1. Entity Name

**GRANDE LAGOON VENTURES, L.L.C.**

Principal Place of Business

**10901 GULF BEACH HWY.  
PENSACOLA FL 32507**

Mailing Address

**10901 GULF BEACH HWY.  
PENSACOLA FL 32507**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-3606278**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WINGATE, JOHN H  
10901 GULF BEACH HWY.  
PENSACOLA FL 32507**

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.

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>WINGATE ENTERPRISES OF NORTH FLORIDA, INC.</b>	
STREET ADDRESS	<b>10901 GULF BEACH HWY</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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

**DAVID A. WINGATE, PRES**

Date

Daytime Phone #

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90358 048 \*\*\*\*55.00

**810002**

DO NOT WRITE IN THIS SPACE

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