

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2003 8:00 am**  
**Secretary of State**

06-25-2003 90020 013 \*\*\*\*\*50.00

**DOCUMENT # L99000004282**

1. Entity Name

RESERVE PLACE, L.L.C.



Principal Place of Business

1899 RESERVE BLVD  
GULF BREEZE FL 32561

Mailing Address

2336 S EAST OCEAN BLVD 366  
STUART FL 34996

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0939908**

Applied For

Not Applicable

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

HART, BRIAN A  
% ADORNO & ZEDER, PA  
2601 S BAYSHORE DR SUITE 1600  
MIAMI FL 33133

Name **Brian A. Hart** Tenenholtz, P.A.  
e/o Rafferty, Hart, Stolzenberg, Gelles &  
Street Address (P.O. Box Number is Not Acceptable)  
**1101 Brickell Avenue**  
Suite 1400  
City **Miami** FL Zip Code **33131**

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

(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**  
**BLAKE, GERALD F LTD.**  
**2336 S EAST OCEAN BLVD 366**  
**STUART FL 34996** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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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: *Gerald F. Blake* **REQUIRED**

Gerald F. Blake

6/17/03

772-463-1009

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

Date

Daytime Phone #

CR2E083 (10/02)

0043235