## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L99000005326 00 APR 26 PM 1:39 1. Entity Name BLUEFISH LAGOON, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2704 HIBISCUS COURT 2704 HIBISCUS COURT PUNTA GORDA FL 33950 PUNTA GORDA FL 33950-5090 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE mnm P.O. Drawer 511447 City & State Applied For City & State Not Applicable Punta Gorda, Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 33951-1447 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HACKETT, JACK O II Street Address (P.O. Box Number is Not Acceptable) FARR LAW FIRM 115 W OLYMPIA AVE PUNTA GORDA FL 33950 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. Addition MGRM TITLE ☐ Change TITLE Delete MAME PALM VENTURE PARTNERS 1, LTD. NAME 2704 HIBISCUS COURT STREET ACORESS STREET ANDRESS CITY- ST- 71P CITY-ST-71P PUNTA GORDA FL 33950 500003245465-020 -05/03/00--01118-020 ☐ Delete TITLE TITLE RAME MIDDLESEX GARDENS, LLC NAME \*\*\*\*\*50.00 \*\*\*\*\*50.00 STREET ADDRESS **POST OFFICES BOX 27** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FREDONIA NY 14063 Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-8T-ZIP Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY: 8T-ZIP CITY-87-ZIP

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE

TITL

NAM

STREET ADDRESS

CITY- 27-71P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

□ Delete

4/14/2000 941639-9668

☐ Change

☐ Addition

APPROVED