

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005556

1. Entity Name

CESSNA LANDING, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

610 GRAND BLVD

3. Mailing Address

610 GRAND BLVD

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

DESTIN FL

City & State

DESTIN FL

Zip

32550

Country

USA

Zip

32550

Country

USA

4. FEI Number

59-3598792

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

Name

JOHN W. HAWKINS, ESQ.

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

607 HWY 98 E

City

DESTIN

FL

Zip Code

32541

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

4/30/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
PINTAIL DEVELOPMENT CORP.
610 GRAND BLVD. STE 200
DESTIN, FL 32550

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100004335081--7
-05/31/01--01005--005
*****50.00 -*****50.00

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

APPROVED
AND
FILED
01 MAY -3 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)