

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 23 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006693

1. Entity Name

PERDIDO KEY ASSOCIATES I, L.C.

Principal Place of Business

35008 EMERALD COAST PARKWAY
SUITE 400
DESTIN FL 32541

Mailing Address

35008 EMERALD COAST PARKWAY
SUITE 400
DESTIN FL 32541-4753

2. Principal Place of Business

10065 US Hwy 98 West
Suite, Apt. #, etc.
Suite C-4

3. Mailing Address

10065 US Hwy 98 West
Suite, Apt. #, etc.
Suite C-4

City & State

Destin FL

City & State

Destin FL

4. FEI Number

59-3593507

Applied For

Not Applicable

Zip

32541 Walton

Zip

32541 Walton

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORBES, JAMIE V
35008 EMERALD COAST PARKWAY
SUITE 400
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Forbes, Jamie V.

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

10065 US Hwy 98 West

Suite C-4

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

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

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR. Member MGRM
The Rutland / Forbes Co. Inc.
10065 U.S. Hwy 98 W Suite C-4
Destin FL 32541

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR. Member MGRM
The Rutland / Forbes Co. Inc.
10065 U.S. Hwy 98 West Suite C-4
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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 OR MANAGER

Date

Daytime Phone #

CR 11083 (9/99)