

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006758

1. Entity Name

SOUTH BAY DEVELOPERS II, L.C.

Principal Place of Business

698 FERNWOOD
KEY BISCAYNE FL 33139

Mailing Address

698 FERNWOOD
KEY BISCAYNE FL 33149-2023

2. Principal Place of Business

104 CRANDON BOULEVARD

Suite, Apt. #, etc.

SUITE 417

City & State

KEY BISCAYNE, FLORIDA

Zip

33149

Country

USA

3. Mailing Address

104 CRANDON BOULEVARD

Suite, Apt. #, etc.

SUITE 417

City & State

KEY BISCAYNE, FLORIDA

Zip

33149

Country

USA

4. FEI Number

65-0955250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE
STE 700
MIAMI FL 33126

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGRM ALLEGIANCE PARTNERS, INC.
STREET ADDRESS 104 CRANDON BOULEVARD, #417
CITY-ST-ZIP KEY BISCAYNE, FLORIDA 33149

TITLE NAME ☐ Delete
MGRM FURORAPI DEVELOPERS, L.L.
STREET ADDRESS 104 CRANDON BOULEVARD, #417
CITY-ST-ZIP KEY BISCAYNE, FLORIDA 33149

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003258645--0
CITY-ST-ZIP -05/19/00--01010--024
*****50.00 ☐ Change ☐ Addition

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #