	INTERPLE	DUCINECO	DEDODE	/IIDD
2000	UNIFUKM	<b>BUSINESS</b>	KEPUKI	(ORK)

DOCUMENT # L9900006786  1. Entity Name SIESTA KEY VILLAGE, L.L.C.				SECRETARY OF STATE DIVISION OF CORPORATIONS  00 JUL -3 PM 1: 28					141 /6	
Principal Plac	e of Business	Mailing Address		<del></del>	0000	λ				
525 BTH STRI		525 8TH STREET WEST								
BRADENTON	FL 34205	BRADENTON FL 34205-85	30		U					
2. Principal P	Place of Business	3. Mailing Address		· <del>-</del>						
Cuite And III at				DO NOT WRITE IN THIS SPACE						
Suite, Apt. #, etc. Suite, Apt. #, etc.							_			
City & State	e	City & State			4. FEI Numbe	09562	18		plied For t Applicable	1
Zip	Country	Zip	Zip Country		1	of Status Desired	_ \$	5.00 Add	itional	1
	6. Name and Address of Currer	at Bouletowed & good			<u> </u>	Address of New Re		ee Required	<u> </u>	1
	5. Name and Address of Currer	it negistered Agent	-	Name -	- · 8	Address of New Ne	Alatelea V	jent	-	
MAPES, F			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)						1
	STREET WEST		-	• • • •			<del>.</del>			1
BRADENTON FL 34205		-	City				Zip Code		-	
						FL	Zip Code		-	
8. The above	named entity submits this statement	for the purpose of changing its	registered	d office or register	ed agent, or bot	h, in the State of Flor	ida.			
SIGNATURE .	- 1118-E					· ·····				
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered	Agent signature required	when reinstating)		DATE			1
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State										
9. , MANAGING MEMBERS/MEMBERS 1			10.			ADDITIONS/0	CHANGES			1_
TITLE	MGR	☐ Delete	TITLE NAME					Change	Addition	66/6
NAME STREET ADDRESS	MAPES & MAPES, INC. 525 8TH STREET WEST			r ADDRESS		·				083
CITY-ST-ZIP	BRADENTON FL 34205		CITY-1	ST- ZIP						CR2E083 (9/99)
TITLE NAME		☐ Delete	TITLE - NAME					Change ·	Addition .	0
STREET ADDRESS				T ADDRESS	30	000033	3156	393-	-3	
CITY-ST-ZIP			CITY-S	IT- ZIP		07/07/ *****	<u>0001</u> a co	<u>0090</u>	16 U⊏Ckikaan	-
TITLE NAME	A FOR THE STATE OF		JITLE Name		<del>=</del> -2 1 + 14+	्र कक्ककका <u>ः</u> ।	U. UU	(r. p enango)	″.1 <del>2 7 \ethmon</del> a v	`
STREET ADDRESS			STREET CITY-1	ADDRESS						
CITY-ST-ZIP TITLE		Deligito	TITLE	TI CIT	<u> </u>			☐ Change	Addition	1
NAME		_ <del></del>	NAME			•			_	
STREET ADDRESS CITY-ST-ZIP			STREET	T ADDRESS ST-ZIP						
TIPLE		☐ Delete	TITLE					Change	Addition	<del> </del>
NAME expert appress			NAME	ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY- 8							1
TITLE		☐ Delets	TITLE					Change	Add/tion	
NAME STREET ADDRESS			NAME STREET	ADDRESS	-				ı	-
CITY- 8T- ZIP			CITY- 8							
indicated	certify that the information supplied wi on this report is true and accurate an bility company or the receiver or trust	d that my signature shall have t	he same	legal effect as if m	nade under oath;	that I am a managi	further certi ng member	fy that the in or manage	formation r of the	
SIGNATURE: 1 SIGNATURE REQUIRED 6/24/200 768-3444										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  Date  Date  Description Prome #										