2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900006796

1. Entity Name

CARLOS POINT VACATION RENTALS, L.C.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90017 013 ****50.00

			CO WE IN					
1	ace of Business	Mailing Address						
C/O RICHARD T. COTTER 6100 ESTERO BLVD. FORT MYERS BEACH FL 33931		C/O RICHARD T. COTTER 6100 ESTERO BLVD. FORT MYERS BEACH FL 3:	3931					
				i iii		i P irit Po rta i P irit Pirit i e ex		
2. Principal Place of Business		3. Mailing Address		.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Nur	4. FEI Number 58-2507439		Applied For	
Zip	Country	Zip	Country	5. Certific	ate of Status Desired	□ \$5.00 A		
	6. Name and Address of Curren	t Registered Agent		7 Name o	and Address of North	Fee Requi	red	
				7. Name and Address of New Registered Agent Name				
	TTER, RICHARD T		-					
	0 ESTERO BLVD RT MYERS BEACH FL 33931	بين يمير من المن المن المن المن المن المن المن ا	Street Addre	ess (P.O. Box Nun	nber is Not Acceptable)	. * = 4=45		
	II WITCHO DEACHTE 53531		-					
	•		City			FL Zip Co	de	
8. The above	e named entity submits this statement f	or the purpose of changing its r	reaistered office or reai	stered agent, or h	onth in the State of Flori			
the obligat	tions of registered agent.	, , , , , , , , , , , , , , , , , , ,	-g-010.00 000 0. 10g.	otorou agont, or t	Acti, in the State of Florid	ua. Tam lanıllar with	i, and accept	
SIGNATURE	1							
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)		DATE		
		FILE NO	W!!! FEE IS \$50.0	00	,			
		Make Check Payable Due	to Florida Departi By May 1, 2003	ment of State		* .		
9.	MANAGING MEMBI		10.		ADDITIONS/C	HANCEC		
TITLE	MGRM	☐ Delete	TITLE		ADDITIONS/C	☐ Change	Addition	
NAME	FERREIRA, STACEY		NAME	•		Griange	L. ∧oomon	
STREET ADDRESS	6100 ESTERO BLVD.		STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS BEACH FL 33931		CITY-ST-ZIP					
TITLE NAME	MGRM CORAZZA CRETA	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS	CORAZZA, GRETA 6100 ESTERO BLVD.		NAME					
CITY-ST-ZIP	FORT MYERS BEACH FL 33931		STREET ADDRESS					
TITLE	MGRM		CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		
NAME	REINFRIED, DANA	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS	6100 ESTERO BLVD.		NAME STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS-BEACH-FL 33931	والمراز والمرازي والمعرفي والمراز والمعرفينية	STREET ADDRESS		e de serviciones	· · ·		
TITLE	TOTAL MATERIA DESCRIPTE GOOD!		 					
NAME		☐ Delete	TITLE . NAME			` Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	·		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE					
NAME			NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		1	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Channe	☐ Addition	
r								

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PA

☐ Change

☐ Addition