

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90004 039 ****55.00

DOCUMENT # L99000008068

1. Entity Name

RCP TITLE VENTURE LLC



Principal Place of Business

3451 BONITA BAY BOULEVARD, SUITE 202
BONITA SPRINGS FL 34134

Mailing Address

3451 BONITA BAY BOULEVARD, SUITE 202
BONITA SPRINGS FL 34134

2. Principal Place of Business

9990 Coconut Rd.

Suite, Apt. #, etc.

200

3. Mailing Address

9990 Coconut Rd.

Suite, Apt. #, etc.

200

City & State

Bonita Springs FL

City & State

Bonita Springs FL

Zip

34135

Country

USA

Zip

34135

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3610569

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RESOURCE CONSERVATION PROPERTIES, INC.
3451 BONITA BAY BOULEVARD, SUITE 202
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

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

9990 Coconut Road

Suite 200

City

Bonita Springs FL

Zip Code

34135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGRM SCHESTAG, HARVEY R	<input type="checkbox"/> Delete
STREET ADDRESS	3451 BONITA BAY BLVD #202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE NAME	MGRM MCGOWAN, JAMES P	<input type="checkbox"/> Delete
STREET ADDRESS	3451 BONITA BAY BLVD #202	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9990 Coconut Rd., Ste 200
CITY-ST-ZIP	Bonita Springs FL 34135
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9990 Coconut Rd., Ste 200
CITY-ST-ZIP	Bonita Springs FL 34135
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E083 (10/02)

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]* **REQUIRED**

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

1/31/03 239-495-1000

Date

Daytime Phone #