

2001 UNIFORM BUSINESS REPORT (UBR)

0014451 AF

DOCUMENT # L99000008297

1. Entity Name
WALKERS ISLE, LC

Principal Place of Business
770 N.E. 36TH ST.
BOCA RATON FL 33431

Mailing Address
770 N.E. 36TH ST.
BOCA RATON FL 33431

FILED

2001 MAY -2 PM 12:45

DIVISION OF CORPORATIONS



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number APPLIED FOR

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

7. Name and Address of New Registered Agent

~~RAMOS~~, JULIE ANN *Giachetti*
770 N.E. 36TH ST.
BOCA RATON FL 33431

married 1.25.00

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 WITH FEE IS \$50.00
Make Check Payable to Department of State

400004326294-4
05/29/01-01150-002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ~~RAMOS~~, JULIE ANN *Giachetti* ☐ Delete
STREET ADDRESS 770 N.E. 36TH ST.
CITY-ST-ZIP BOCA RATON FL 33431

TITLE NAME Julie Ann *Giachetti* ☒ Change ☐ Addition
STREET ADDRESS *married 1.25.00*
CITY-ST-ZIP

TITLE NAME MGRM GIACHETTI, ALBERT ☐ Delete
STREET ADDRESS 770 N.E. 36TH ST.
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Giachetti 4/9/01 (549) 997-0669

CR2E083 (11/00)