

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90037 035 ****50.00

DOCUMENT # L99000008401

1. Entity Name

THE WATERFRONT OF ANNA MARIA, L.L.C.

Principal Place of Business

**111 BAY BLVD. S.
ANNA MARIA FL 34216**

Mailing Address

**P.O. BOX 4179
ANNA MARIA FL 34216**

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

59-3610675

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES, STEPHEN M~~513 KUMQUAT DRIVE~~**ANNA MARIA FL 34216**

Name

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

111 BAY BLVD. S.

City

ANNA MARIA**FL**

Zip Code

34216

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **BARNES, STEPHEN M**
STREET ADDRESS **P.O. BOX 2126**
CITY-ST-ZIP **ANNA MARIA FL 34216**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **MGR** ☐ Delete
NAME **BARNES, VIVIENNE**
STREET ADDRESS **P.O. BOX 2126**
CITY-ST-ZIP **ANNA MARIA FL 34216**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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 REQUIRED**

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

3.5.02.

Date

941-7781515

Daytime Phone #

CR2E083 (9/01)