

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008725

1. Entity Name

THE VILLAGE AT BLUE MOUNTAIN BEACH, L.L.C.

Principal Place of Business

610 GRAND BLVD
STE 200
DESTIN FL 32541

Mailing Address

610 GRAND BLVD
STE 200
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIMORTS, MICHAEL L
1234 AIRPORT ROAD, STE 123
DESTIN FL 32451

Name JOHN W. HAWKINS

Street Address (P.O. Box Number is Not Acceptable)
607 HWY 98 E

City DESTIN

FL

Zip Code 32541

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.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM
STREET ADDRESS PINTAIL DEVELOPMENT CORPORATION
CITY-ST-ZIP 610 GRAND BLVD., SUITE 200
DESTIN FL 32541

TITLE NAME 000004274570
STREET ADDRESS -05/21/01--01190--005
CITY-ST-ZIP *****50.00 *****50.00

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

Date

Daytime Phone #

FILED

01 MAY -1 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3617026

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

CR2E083 (11/00)