2001 UNIFORM BUSINESS REPORT (UBR)

ייס	MENT 4 100	0000000					,				
1. Entity Nam	ne	000009276						FIL	.ED		
ROLLING	DUNES, L.C.						01 M	1Y -3	PH 1:	: 15	
Principal Plac	ce of Business	Mailing Address					SECR	ETARY	OF ST	ATE	
Principal Place of Business Mailing Addr 1905 SOUTH FLORIDA AVENUE 1905 SOUTH			A /ENUE				TALLA	HASSE	E. FLO	RIDA	
LAKELAND F	EL 33803	LAKELAND FL 33803									
- B IB	N										
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			,,,	9811811 914 19118 11)	AL DUTIL BUILT	98118 18118 <u>1</u> 181	is 19919 Bitl 1891
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State	City & State		4.	FEI Nu	mber 50-3	620368		-	pplied For
Zip	Country	Zip	Count	Country		Certific	ate of Status D	•		\$5.00 Ad	
	6. Name and Address of Cur	rent Registered Agent		. ~			and Address o			Fee Require	ed .
				Name					G-v-v-va V	-0	
RUNNELS, DAVAGE J III 36468 EMERALD COAST PARKWAY SUITE 2201				Street A	ddress (P.O.	Box Nu	nber is Not Ac	ceptable)			
DESTIN F		JITE 2201	•				***		-		•
			ļ	City	 .			•	FL	Zip Coc	de
B. The above	named entity submits this stateme	ent for the purpose of changing its	s egistere	d office or	registered a	gent, or	both, in the Sta	te of Flori	ida.		
8. The above	named entity submits this stateme	ent for the purpose of changing its	s egistere	d office or	registered a	gent, or	both, in the Sta	ate of Flori	ida.		
SIGNATURE _	named entity submits this stateme				registered ag	·	both, in the Sta	ate of Flori	ida. DATE		
SIGNATURE _		agent and title if applicable. (NO	TE Registered	Agent signati	ure required when	·	both, in the Sta	ate of Flori			
SIGNATURE _		agent and title if applicable. (NO	TE Registered	Agent signatu	ure required when	reinstating	both, in the Sta	ate of Flori			
SIGNATURE _	Signature, typed or printed name of registered a	agent and title if applicable. (NOTFILE N	Registered	Agent signatu	ure required when	reinstating			DATE		
SIGNATURE _	Signature, typed or printed name of registered a	agent and title if applicable. (NO:	TE Registered	Agent signatu	ure required when	reinstating				☐ Change	Addition
SIGNATURE _	Signature, typed or printed name of registered a MANAGING ME MGR SHIRAH, MICHAEL S	agent and title if applicable. (NO Make Check Page Make Check Page MBERS / MEMBERS	TE Registered	Agent signature	ure required when	reinstating	ADD	ITIONS/C	DATE CHANGES		
SIGNATURE _ 9. IITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE	agent and title if applicable. (NO Make Check Page Make Check Page MBERS / MEMBERS	Registered	EE IS \$	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3367 0101	7 98- 0930	:3 105
SIGNATURE _	Signature, typed or printed name of registered a MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541	agent and title if applicable. (NO Make Check Page Make Check Page MBERS / MEMBERS	Registered	Agent signatu	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3367 0101	798-	:3 105 10,00
9. IITLE VAME CITY-ST-ZIP ITTLE VAME VAME	MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541 MGR JONES, R. GUERRY	FILE N Make Check Pa EMBERS/MEMBERS Delete	TE Registered WIII F a able to TITLE NAME STREE CITY- TITLE NAME	FEE IS S Depart	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3367 0101	798- 0930 *****\$:3 105 10,00
9. ITTLE NAME CITY-ST-ZIP ITTLE NAME STREET ADDRESS STREET ADDRESS	MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541 MGR JONES, R. GUERRY 1905 SOUTH FLORIDA AVEN	FILE N Make Check Pa EMBERS/MEMBERS Delete	TE Registered WIII F a able to TITLE NAME STREE CITY- TITLE NAME STREE	FEE IS \$ Depart	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3367 0101	798- 0930 *****\$:3 105 10,00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541 MGR JONES, R. GUERRY	FILE N Make Check Pa EMBERS/MEMBERS Delete	TE Registered WIII F a able to TITLE NAME STREE CITY- TITLE NAME STREE	TADORESS TADORESS	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3367 0101	798- 0930 *****\$	—
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541 MGR JONES, R. GUERRY 1905 SOUTH FLORIDA AVEN	FILE N Make Check Pi EMBERS/MEMBERS Delete Delete	TE Registered	T ADDRESS ST-ZIP	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3367 0101	7 98 - 0930 *****5 □ Change	—
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP	MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541 MGR JONES, R. GUERRY 1905 SOUTH FLORIDA AVEN	FILE N Make Check Pi EMBERS/MEMBERS Delete Delete	TE Registered	T ADDRESS ST-ZIP	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3367 0101	7 98 - 0930 *****5 □ Change	—
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541 MGR JONES, R. GUERRY 1905 SOUTH FLORIDA AVEN	FILE N Make Check Pi EMBERS/MEMBERS Delete Delete	TE Registered	T ADDRESS T ADDRESS T ADDRESS	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3367 0101	7 98 - 0930 *****5 □ Change	— EI JOS JO JOJ ☐ Addition
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541 MGR JONES, R. GUERRY 1905 SOUTH FLORIDA AVEN	FILE N Make Check Pa EMBERS/MEMBERS Delete Delete	TE Registered WIII F a able to TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME NAME NAME NAME NAME NAME NAME NAM	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3367 0101	7:3:3- 09:30 *****5	
SIGNATURE _ 9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS	MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541 MGR JONES, R. GUERRY 1905 SOUTH FLORIDA AVEN	FILE N Make Check Pa EMBERS/MEMBERS Delete Delete	TE Registered WIII F a able to TITLE NAME STREE CITY- TITLE NAME STREE STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3367 0101	7:3:3- 09:30 *****5	— EI JOS JO JOJ ☐ Addition
SIGNATURE _ 9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541 MGR JONES, R. GUERRY 1905 SOUTH FLORIDA AVEN	FILE N Make Check Pa EMBERS/MEMBERS Delete Delete	TE Registered WIII F a able to TITLE NAME STREE CITY- TITLE NAME STREE STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS T ADDRESS	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3 3 5 7 01-01	7:3:3- 09:30 *****5	Addition
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME NAME NAME NAME NAME NAME NAME NAM	MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541 MGR JONES, R. GUERRY 1905 SOUTH FLORIDA AVEN	FILE N Make Check Pi EMBERS / MEMBERS Delete Delete Delete	TE Registered WIII F a able to TITLE NAME STREE CITY- TITLE NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3 3 5 7 01-01	7:3:3- 093-0 *****5 Change	Addition
SIGNATURE _ 9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME I	MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541 MGR JONES, R. GUERRY 1905 SOUTH FLORIDA AVEN	FILE N Make Check Pi EMBERS / MEMBERS Delete Delete Delete	TE Registered WIII F a able to TITLE NAME STREE CITY- TITLE NAME STREE STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3 3 5 7 01-01	7:3:3- 093-0 *****5 Change	Addition
SIGNATURE _ 9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME NAME NAME NAME NAME NAME NAME NAM	MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541 MGR JONES, R. GUERRY 1905 SOUTH FLORIDA AVEN	FILE N Make Check Pa MBERS/MEMBERS Delete Delete Delete Delete	TE Registered	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3 6 7 01 01	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541 MGR JONES, R. GUERRY 1905 SOUTH FLORIDA AVEN	FILE N Make Check Pi EMBERS / MEMBERS Delete Delete Delete	TE Registered WIII F a able to TITLE NAME STREE CITY- TITLE NAME STREE STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3 6 7 01 01	7:3:3- 093-0 *****5 Change	105
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING ME MGR SHIRAH, MICHAEL S 8054 FOUNTAINS LANE DESTIN FL 32541 MGR JONES, R. GUERRY 1905 SOUTH FLORIDA AVEN	FILE N Make Check Pa MBERS/MEMBERS Delete Delete Delete Delete	TE Registered	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ure required when	reinstating	ADD 30001	ITIONS/0	DATE CHANGES 3 6 7 01 01	Change	Addition

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #