

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000674

1. Entity Name
FC BEACH, LLC

FILED
01 MAY 11 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3470 CLUB CENTER BLVD.
NAPLES FL 34114-0816

Mailing Address
3470 CLUB CENTER BLVD.
NAPLES FL 34114-0816



2. Principal Place of Business
3200 Tamiami Trail N.
Suite, Apt. #, etc.
Suite 200
City & State
Naples, FL
Zip
34103

3. Mailing Address
3200 Tamiami Trail N.
Suite, Apt. #, etc.
Suite 200
City & State
Naples, FL
Zip
34103

DO NOT WRITE IN THIS SPACE

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOODWARD, MARK J 801 LAUREL OAK DRIVE, SUITE 710 NAPLES FL 34108		Name Street Address (P.O. Box Number is Not Acceptable) 3200 Tamiami Trail N., Suite 200 City Naples FL Zip 34103	

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 _____ (NOTE: 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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fiddler's Creek, LLC a Delaware LLC 3470 Club Center Blvd. Naples, FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FC Beach, Ltd. 3470 CLUB CENTER BLVD NAPLES, FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004376931--3 -06/08/01--01014--002 *****55.00 *****55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **DATE:** 4/25/01 **DAYTIME PHONE #:** 941-722-9400

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