

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000912

1. Entity Name

DOWN BY THE SEA, LLC

Principal Place of Business

88 RIVERS EDGE ROAD  
NORTH EAST MD 21901

Mailing Address

88 RIVERS EDGE ROAD  
NORTH EAST MD 21901

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jennifer A. Schwartz*  
Signature, typed or printed name of registered agent and title if applicable.

Jennifer A. Schwartz  
Assistant Vice President

12/23/02  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MORAN, JAMES M JR.  
88 RIVERS EDGE ROAD  
NORTH EAST MD 21901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200008768522  
12/06/02--01059--002 \*\*100.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200008768522  
11/01/02--01111--002 \*\*55.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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: *Jennifer A. Schwartz* REQUIRED

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

9.16.02 410.287.3003

Date

Daytime Phone #

03 JAN -8 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MMJ



1/8 2002 DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2234799

Applied For  
Not Applicable

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

CR2E083 (4/02)