

2001 UNIFORM BUSINESS REPORT (UBR)

0030897 AB

DOCUMENT # M00000001322

1. Entity Name
CALOOSA COVE REALTY, L.L.C.

FILED

01 JUN 18 PM 12:36

Principal Place of Business
3225 - 32ND STREET, SE
GRAND RAPIDS MI 49512

Mailing Address
3225 - 32ND STREET, SE
GRAND RAPIDS MI 49512

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

73501 OVERSEAS HIGHWAY

3. Mailing Address

73501 OVERSEAS HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ISLAMORADA, FLORIDA

City & State

ISLAMORADA, FLORIDA

4. FEI Number

35-2066359

Applied For

Not Applicable

Zip

33036

Country

USA

Zip

33036

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MULICK, NICHOLAS
90130 OLD HWY
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name
THOMAS A. WISNER
Street Address (P.O. Box Number is Not Acceptable)
C/O CALOOSA COVE MARINA
73501 OVERSEAS HIGHWAY
City ISLAMORADA FL Zip Code 33036

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]* Thomas A. Wisner 4-30-01
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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D TASSELL, LESLIE E. 3145 SHAFFER ROAD S.E. KENTWOOD, MI 49512	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WISNER, THOMAS A. 3145 SHAFFER ROAD S.E. KENTWOOD, MI 49512	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WISNER, JOYCE S. 3145 SHAFFER ROAD S.E. KENTWOOD, MI 49512	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOTTRALL, DAVID C. 3145 SHAFFER ROAD S.E. KENTWOOD, MI 49512	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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]* 4-30-01 616-676-2570
Signature typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (11/00)