

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 14 PM 3:21

DOCUMENT # **M00000001430**

1. Entity Name

ASPEN CORAL CLUB, LLC

9/28/01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2807 28th STREET NW

Suite, Apt. #, etc.

3. Mailing Address

40 PCMG

Suite, Apt. #, etc.

PO BOX 60195

DO NOT WRITE IN THIS SPACE

City & State

WASHINGTON DC

City & State

FORT MYERS FL

Zip

20008

Country

Zip

33906

Country

LEE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM (SEE CHANGE ATTACHED)
1200 SOUTH PINE ISLAND ROAD

Street Address (P.O. Box Number is Not Acceptable)

City

PLANTATION

FL

Zip Code

33324

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

Paula Jean Wormuth, Comptroller

1/23/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ASPEN COURT ASSOCIATES LP. MGA
2807 28th STREET NW
WASHINGTON, DC 20008

NAME

STREET ADDRESS

CITY-ST-ZIP

100005027071--8

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*******50.00 *****50.00**

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

REINSTATEMENT 2001-2002

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Paula Jean Wormuth, Comptroller

1/22/02

(941) 275-8320

Date

Daytime Phone

As agent for Aspen Coral Club, LLC.

CR2E083B (12/01)