

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90039 006 ****50.00

DOCUMENT # M00000001430

1. Entity Name
ASPEN CORAL CLUB, LLC



Principal Place of Business

**2807 28TH STREET NW
WASHINGTON DC 20008**

Mailing Address

**% PCMG PCMG
P.O. BOX 60195
FT. MYERS FL 33906**

2. Principal Place of Business

3441 Clark Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

34231

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PCMG
2719 COLONIAL BLVD.
FT. MYERS FL 33907**

7. Name and Address of New Registered Agent

Name **PCMG**

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

6325 Presidential Court, Suite 8

City **H. Myers**

FL

Zip Code **33919**

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 **Terry Wayland** as agent **1-9-2003**

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ASPEN COURT ASSOCIATES LIMITED PARTNERSHIP**
STREET ADDRESS **2807 28TH ST. NW**
CITY-ST-ZIP **WASHINGTON DC 20008**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13337 Provence Drive**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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: **Terry Wayland**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)