

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90139 020 \*\*\*\*50.00

**DOCUMENT # M00000002330**

1. Entity Name

**LAKE POWELL LLC**

Principal Place of Business

**SUITE 530 BACK BEACH PLAZA  
17226 PCB PARKWAY  
PANAMA CITY BEACH FL 32413**

Mailing Address

**SUITE 530 BACK BEACH PLAZA  
17226 PCB PARKWAY  
PANAMA CITY BEACH FL 32413**

**948031**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**63-1268668**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUGHES, J. ROBERT ESQ.  
220 MCKENZIE AVENUE  
PANAMA CITY FL 32401**

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.

SIGNATURE

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
<b>MGRM MEDALLIST GOLF DEVELOPMENTS, INC. 501 N. A1A JUPITER FL 33477</b>			
<b>MGRM LP LAND COMPANY 824 MARKET ST., SUITE 900 WILMINGTON DE 19801</b>			

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]*  
**SIGNATURE REQUIRED**

**Exe V P**  
**LP Land Co**  
**MANAGING MEMBER**

**4/12/02**

**<251> 928-3930**

CR2E083 (9/01)