

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0012350

DOCUMENT # M01000002380

1. Entity Name

7400 OCEANSIDE MAN, LLC

AT FISHER ISLAND, INC.



FILED

2003 SEP 18 AM 8:11

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

ONE FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

ONE FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1147987

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE, 28TH FLOOR
MIAMI FL 33131

Name

RICK PUTNAM

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

ONE FISHER ISLAND DRIVE

City

FISHER ISLAND

FL

Zip Code

33109

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/9/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME MELK, JOHN J
STREET ADDRESS ONE FISHER ISLAND DRIVE
CITY-ST-ZIP FISHER ISLAND FL 33109 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500023399065
09/23/03--01049--004 **\$50.00 ☐ Change ☐ Addition

TITLE MGRM
NAME MCLEAN, DANIEL E
STREET ADDRESS ONE FISHER ISLAND DRIVE
CITY-ST-ZIP FISHER ISLAND FL 33109 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SECRETARY
NAME PUTNAM, RICK
STREET ADDRESS ONE FISHER ISLAND DR.
CITY-ST-ZIP FISHER ISLAND, FLA 33109 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PROBIONT
NAME ROSEY, MICHAEL
STREET ADDRESS ONE FISHER ISLAND DR.
CITY-ST-ZIP FISHER ISLAND, FLA 33109 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TREASURER
NAME GANNON, MARK
STREET ADDRESS ONE FISHER ISLAND DR.
CITY-ST-ZIP FISHER ISLAND, FLA 33109 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

7/9/03

CR2E083 (4/03)