## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

M010Q0002698

ALL RESORT RESOURCES OF LAKE COUNTY, LLC.

**DOCUMENT #** 

1. Entity Name

## **FILED** Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90165 047 \*\*\*\*55.00

DO NOT WRITE IN THIS SPACE			943803		
2. Principal Place of Business 4129 LEAFY GLAPE PL. Suite, Apt. #, etc.	3. Mailing Address  9/29 LEAFY GLAPE PL.  Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State  CASSELBERRY FL.  Zip Country	City & State  CASSELBERRY FL  Zip Country		4. FEI Number 59-36.5/		
Zip Country 32707 U.5A	Zip 3 2 707	Country USA			
DO NOT WRITE		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its regi		4/29	HIZO LEAFY GLADE PL.  City CASSELBERRY FL Zip.Code 707		
SIGNATURE  Signature, typed or printed name of registered agent or	and title if applicable.	EE IS \$50.00	ered agent, or both, in the State	DATE	
	Make Check Paya	able to Department IE BY MAY 1	of State		
9. MANAGING MEMBE	RS/MANAGERS*	inte			
TITLE MERH THOHAS A. ENDRI STREET ADDRESS CITY-ST-ZIP TITLE THE	CK E FLACE FL, 32707	NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 informatic 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: E AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE