


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

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90012 002 \*\*\*\*50.00

DOCUMENT # <b>M02000003278</b>	
1. Entity Name <b>Fisherman's Cove of Fort Myers, LLC</b>	

**DO NOT WRITE IN THIS SPACE**

**30047849**

2. Principal Place of Business <b>215 Celebration Place</b> Suite, Apt. #, etc. <b>Suite 500</b> City & State <b>Celebration, FL</b> Zip <b>34747</b> Country <b>USA</b>		3. Mailing Address <b>803 Birchfield Drive</b> Suite, Apt. #, etc. City & State <b>Mt. Laurel, NJ</b> Zip <b>08054</b> Country <b>USA</b>	
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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>13-4218860</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>David Waronker</b> Street Address (P.O. Box Number is Not Acceptable) <b>215 Celebration Place</b> <b>Suite 500</b> City <b>Celebration</b> State <b>FL</b> Zip Code <b>34747</b>		

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 \_\_\_\_\_ DATE **3/7/03**  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>m&amp;r CBD Development, Inc. 803 Birchfield Drive Mt. Laurel, NJ 08054</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: \_\_\_\_\_ DATE **3/7/03** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)