2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M94000000111

1. Entity Name
3 STAR DEVELOPMENT, L.L.C., L.C.

FILED
00 JAN 12 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1720 GULF SHORE BLVD. SOUTH NAPLES FL 34102	1720 GULF SHORE BLVD. SOUTH NAPLES FL 34102-7562

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2200 FORREST LANE Suite, Apt. #, etc.		2200 FORREST LANE Suite, Apt. #, etc.	
City & State: NAPLES FLORIDA		City & State: NAPLES FLORIDA	
Zip: 34102	Country: USA	Zip: 34102	Country: USA

4. FEI Number 38-3195470 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORRADI, MICHAEL K
1720 GULF SHORE BLVD. SOUTH
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name: CORRADI, MICHAEL K
Street Address (P.O. Box Number is Not Acceptable): 2200 FORREST LANE
NAPLES FL 34102
City: NAPLES FL Zip Code: 34102

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] 1-07-2000
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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORRADI, MICHAEL K 1720 GULF SHORE BLVD. SOUTH NAPLES FL 33940	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORRADI, Michael K 2200 FORREST LANE NAPLES FLORIDA 34102	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003103805--7 -01/20/00--01020--004 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/99)

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 REQUIRED [signature] 01-07-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #