

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90082 045 ****50.00

DOCUMENT # M94000000111

1. Entity Name

3 STAR DEVELOPMENT, L.L.C., L.C.



Principal Place of Business

**76 13TH AVE. SOUTH
NAPLES FL 34102**

Mailing Address

**76 13TH AVE. SOUTH
NAPLES FL 34102**

2. Principal Place of Business

3047 HORIZON Lane #

Suite, Apt. #, etc.

1903

City & State

NAPLES, FLORIDA

3. Mailing Address

3047 HORIZON Lane #

Suite, Apt. #, etc.

1903

City & State

NAPLES, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **38-3195470**

Applied For

Not Applicable

Zip

34109

Country

Collier

Zip

34109

Country

Collier

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORRADI, MICHAEL K
76 13TH AVE. 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)

3047 HORIZON Lane # 1903

City **NAPLES**

FL

Zip Code **34109**

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

Michael K. Corradi

1-22-2003

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CORRADI, MICHAEL K	
STREET ADDRESS	76 13TH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL K. CORRADI	
STREET ADDRESS	3047 HORIZON Lane # 1903	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael K. Corradi

1-22-2003

239-285-5008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)