2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 14 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000163 29 AB

DOCUMENT # M96000000314

1. Entity Name

TREASURE COAST COMMERCE CENTER L.C.

Principal Place of Business	Mailing Address
132 W MAIN STREET ASPEN CO 81611	P.O. BOX 7846 ASPEN CO 81612-7846

DO NOT WRITE IN THIS SPACE

MAM

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc..	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 84-1323219 ☐ Applied For ☐ Not Applicable

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
GARY, III, JOHN W ESQUIRE 701 U.S. HIGHWAY ONE #402 NORTH PALM BEACH FL 33408	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR MCCLOSKEY, THOMAS D JR. 132 W MAIN STREET ASPEN CO 81611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400003224204--8 -04/26/00--01016--018 *****50.00 *****50.00
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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 2/29/00 (303) 410-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER *Date* *Daytime Phone #*