

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-13-2002 90017 029 ****50.00

DOCUMENT # M98000000765

1. Entity Name

SUN CITY REAL ESTATE, LLC

Principal Place of Business

783 S. ORANGE AVE., SUITE 200
 SARASOTA FL 34236

Mailing Address

783 S. ORANGE AVE., SUITE 200
 SARASOTA FL 34236

2. Principal Place of Business

1276 N. Tamiami Trail
 Suite, Apt. #, etc.
 100

3. Mailing Address

1276 N. Tamiami Trail
 Suite, Apt. #, etc.
 100



DO NOT WRITE IN THIS SPACE

City & State

Sarasota

City & State

Sarasota, FL

4. FEI Number

65-0860013

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

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

6. Name and Address of Current Registered Agent

CORBETT, JAMES P
 783 S. ORANGE AVE., SUITE 200
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name: Brian R. Roskamp
 Street Address (P.O. Box Number is Not Acceptable): 1276 N. Tamiami Trail, Ste 100
 City: Sarasota FL FL Zip Code: 34236

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
 NAME: ROSKAMP, ROBERT G
 STREET ADDRESS: 783 S. ORANGE AVE., SUITE 200
 CITY-ST-ZIP: SARASOTA FL 34236 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: MGRM
 NAME: ROSKAMP, ROBERT G
 STREET ADDRESS: 1276 N. Tamiami Trail, Ste 100
 CITY-ST-ZIP: Sarasota, FL 34236 ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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]

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

2/22/02

Date

941-954-1111

Daytime Phone #

CR2E083 (9/01)