

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

0048340

DOCUMENT # M99000002088

1. Entity Name

PARROT'S LANDING INVESTORS LLC

02-26-2002 90083 024 ****50.00

Principal Place of Business

% CONTINENTAL AMERICAN PROPERTIES, LTD.
1764 SAN DIEGO AVENUE
SAN DIEGO CA 92110

Mailing Address

% CONTINENTAL AMERICAN PROPERTIES, LTD.
1764 SAN DIEGO AVENUE
SAN DIEGO CA 92110

2. Principal Place of Business

3. Mailing Address

1764 San Diego Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Legal Dept.

City & State

City & State

San Diego, CA

Zip

Country

Zip

Country

92110

USA

4. FEI Number

33-0882956

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **CONTINENTAL AMERICAN PROPERTIES, LTD.**
STREET ADDRESS **1764 SAN DIEGO AVE.**
CITY-ST-ZIP **SAN DIEGO CA 92110**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

02/04/02 (619) 297-6771

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

Date

Daytime Phone #

CR2E063 (9/01)