2001 UNIFORM BUSINESS REPORT (UBR)

000902 AF

DOCUMENT # A93000000539

1. Entity Name

LACITA OF BREVARD, LTD.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
100 SECOND AVENUE SOUTH. #904 ST. PETERSBURG FL 33701	100 SECOND AVENUE SOUTH. #904 ST. PETERSBURG FL 33701

2. Principal Place of Business	3. Mailing Address
3540 SABLE PALM LANE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TITUSVILLE FL	City & State
Zip: 32780 / Country	Zip / Country

4. FEI Number 59-3184179 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONTINENTAL PROPERTY SERVICES, INC.
230 NORTH BEACH STREET, SUITE 301
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,700,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	581075	STREET ADDRESS	
NAME	POLYEDER, INC.		
STREET ADDRESS	1025 SOUTH BEACH STREET	CITY-ST-ZIP	
CITY-ST-ZIP	DAYTONA BEACH FL 32114		
DOCUMENT #	P93000036337	STREET ADDRESS	
NAME	WRH PROPERTIES, INC.		
STREET ADDRESS	100 SECOND AVENUE SOUTH, #800	CITY-ST-ZIP	
CITY-ST-ZIP	ST. PETERSBURG FL 33701		
DOCUMENT #		STREET ADDRESS	
NAME			
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: James G. Miller 2-8-01 727-825-7705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #