

** Amended **

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 16 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001468
 1. Entity Name
 FULLER HOLDINGS, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7747 S.E. 12th CIRCLE Suite, Apt. #, etc.		3. Mailing Address 7747 S.E. 12th CIRCLE Suite, Apt. #, etc.	
City & State OCALA, FL		City & State OCALA, FL	
Zip 34480	Country USA	Zip 34480	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number N/A	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALAN S. GASSMAN
Street Address (P.O. Box Number is Not Acceptable) 1245 COURT STREET SUITE 102
City CLEARWATER FL Zip Code 33756

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 *Alan S. Gassman*
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

60000565316-8
DATE
-06/03/02--01099--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FULLER FAMILY INVESTMENTS LIMITED PARTNERSHIP 7747 S.E. 12th CIRCLE MEMBER AND OCALA, FL 34480 MANAGING MEMBER	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E088B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), 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: *Alan S. Gassman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

352
5-1-02 Date
622-4231 Daytime Phone #