

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001611

1. Entity Name
STOKES-DILL, LLC

FILED

01 APR -9 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
744 HIGHLAND AVE.
ORLANDO FL 32803

Mailing Address
744 HIGHLAND AVE.
ORLANDO FL 32803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3641241

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DILL, STEVEN M
744 HIGHLAND AVE.
ORLANDO FL 32803

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

800004014658--3
-04/18/01--01009--025
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Managing member
Ocoee Clark, Inc 32803
744 Highland Ave Orlando

10. ADDITIONS/CHANGES Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Member
Lake Sims LLC
9551 Bay Meadows Rd
Ste 4 Jacksonville 32256

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
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: _____ DATE: 3/30/01 DAYTIME PHONE #: 407 648 8541

CR2E083 (11/00)