

2001 UNIFORM BUSINESS REPORT (UBR)

UNIFORM UBR

DOCUMENT # L00000002327
1. Entity Name
 DEPLONTY PROPERTIES, L.L.C.

FILED

01 FEB -5 AM 8:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
 28200 BERMONT ROAD 28200 BERMONT ROAD
 PUNTA GORDA FL 33982 PUNTA GORDA FL 33982

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BETTERSON, GREG A
 909 S. TAMiami TRAIL, SUITE 130
 NOKOMIS FL 34275

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

600003662366--2
 -02/08/01--01112--003
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLSON, MARYANN 28200 BERMONT ROAD PUNTA GORDA FL 33982
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10. ADDITIONS/CHANGES Change Addition

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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: *Maryann Olson* Date: 01/30/01 Daytime Phone #: 941-639-0663

CR2E083 (11/00)