

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-07-2002 90387 001 ****50.00

DOCUMENT # L00000002327

1. Entity Name
DEPLONTY PROPERTIES, L.L.C.

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

Mailing Address
**28200 BERMONT ROAD
 PUNTA GORDA FL 33982**

89779



DO NOT WRITE IN THIS SPACE
05-0994508

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **APPLIED FOR**
 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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	OLSON, MARYANN	28200 BERMONT ROAD	PUNTA GORDA FL 33982	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	Maryann Olson Bpohm	28200 BERMONT ROAD	PUNTA GORDA, FL 33982	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

04/21/02

941-637-0669
 Daytime Phone #

CR2E083 (9/01)