


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90087 047 ****50.00

DOCUMENT # L00000002327

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



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

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0994508** Applied For.
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BETTERTON, GREG A
909 S. TAMiami TRAIL, SUITE 130
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name: *Maryann Boehm*

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *Maryann Boehm* *Maryann Olson Boehm* 4/20/03 941-6390663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)