


2001 UNIFORM BUSINESS REPORT (UBR)

UZZZ19
AR

DOCUMENT # L00000002589
1. Entity Name
 SHAKETT CREEK VILLAGE, L.L.C.

FILED
 2001 APR 20 AM 11:27
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



Principal Place of Business **Mailing Address**
~~1070 TECHNOLOGY DRIVE~~ ~~1070 TECHNOLOGY DRIVE~~
 NOKOMIS FL 34275 NOKOMIS FL 34275

2. Principal Place of Business **3. Mailing Address**
 2157 LAKEWOOD DRIVE 2157 LAKEWOOD DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 NOKOMIS FL NOKOMIS FL
Zip **Country** **Zip** **Country**
 34275 USA 34275 USA

4. FEI Number **Applied For**
 59-2768554 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 MACRIS, STEVEN W
 227 PENSACOLA ROAD
 VENICE FL 34285

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 _____ **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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PURDY, TERRY 1070 TECHNOLOGY DRIVE NOKOMIS FL 34275 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2157 LAKEWOOD DRIVE NOKOMIS FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700004086287--5 -04/27/01--01091--015 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *TERRY PURDY* **DATE:** 4-14-01 **DAYTIME PHONE #:** 941 966 2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)