

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028446 AF

**DOCUMENT # L00000010952**

1. Entity Name  
**LITTLE HICKORY, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 19 AM 11:24

Principal Place of Business      Mailing Address  
C/O ELWOOD DAVIS - NE FINANCIAL CONSULT      C/O ELWOOD DAVIS - NE FINANCIAL CONSULT  
P.O. BOX 2630      P.O. BOX 2630  
WESTPORT CT 06880      WESTPORT CT 06880



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3679780**      Applied For  
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

7. Name and Address of New Registered Agent

**KELLY, CHARLES M JR.**  
**2640 GOLDEN GATE PKWY., STE. 305**  
**NAPLES FL 34105**

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME **Elwood B Davis, Secretary**  Delete  
STREET ADDRESS **d/w CSIR VII Corp Manager**  
CITY-ST-ZIP **Po Box 2630 Westport CT 06880**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **Lawrence L Pearce, Co-Manager**  Delete  
STREET ADDRESS **Realco Little Hickory, LLC**  
CITY-ST-ZIP **372 Lenell Road Ft Myers Beach, FL 33931**

TITLE NAME  Change  Addition  
STREET ADDRESS **800003930868--1**  
CITY-ST-ZIP **-03/30/01--01029--015**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
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TITLE NAME  Change  Addition  
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: *Elwood B Davis* Secretary, Manager      3-14-01      203-226-8997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (11/00)