2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001333

1. Entity Name

ILLUM, CLAYTON & ELLIOTT INVESTMENTS, LLC



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90016 031 ****50.00

	LATION & LLLIOTT INVES	IIVILIATO, LLO							
Principal Place of Business 3884 PROGRESS AVENUE NAPLES FL 34104		Mailing Address 3884 PROGRESS AVENUE NAPLES FL 34104	3884 PROGRESS AVENUE						
2. Principal	Place of Business	3. Mailing Address							
<u> </u>		or maining riodross							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Nun	nber 65-114176		Applied For Not Applicable		
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired S5.00 Ac Fee Requir		Additional		
	6. Name and Address of Curre	nt Registered Agent			7. Name a	nd Address of New R			
PAL	JLICH, JOHN III			Name					
801	ANCHOR RODE DRIVE, SUITE (PLES FL 34103	203 -	- Street Address			P.O. Box Number is Not Acceptable)			
	200 / 2 0 1 1 0 0								
				City			FL Zip Co		
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the purpose of changing it	s registere	d office or registere	ed agent, or b	ooth, in the State of Flo	rida. I am familiar witi	n, and accept	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	Agent signature required v	when reinstating)	,_ .	DATE		
		Make Check Payab	ole to Flo	EE IS \$50.00 rida Departmen y 1, 2003	t of State				
9.	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAYTON, GUY C 1578 HEIGHTS COURT MARCO ISLAND FL 34145	Delete	TITLE NAME STREE CITY-S	T ADDRESS	,,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ILLUM-ELLIOTT INVESTMENTS 3884 PROGRESS AVENUE NAPLES FL 34104	, LLC	TITLE NAME STREET CITY-S	T ADORESS ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	ADDRESS ST-ZIP		مضدي پين شيم ين	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	Delete	CITY-S	· ·	. 27.2		☐ Change	Addition	

1. 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: ASIGNATURE SQUIRED

3-18-03

239-642-4643