

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000009028

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: FISCHER & COLLINS INVESTMENTS, L.L.C.

Current Principal Place of Business:

1105 CAPE CORAL PARKWAY EAST, SUITE C
CAPE CORAL, FL 33904

New Principal Place of Business:

4427 S.E. 16TH PLACE, #2
CAPE CORAL, FL 33904

Current Mailing Address:

1105 CAPE CORAL PARKWAY EAST, SUITE C
CAPE CORAL, FL 33904

New Mailing Address:

4427 S.E. 16TH PLACE, #2
CAPE CORAL, FL 33904

FEI Number: 65-1111460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, CHRISTINE F
1105 CAPE CORAL PARKWAY EAST, SUITE C
CAPE CORAL, FL 33904

Name and Address of New Registered Agent:

WRIGHT, CHRISTINE F
4427 S.E. 16TH PLACE, #2
CAPE CORAL, FL 33904

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: CHRISTINE F. WRIGHT

04/29/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: COLLINS, DAVID
Address: 4427 S.E. 16TH PLACE, #2
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR () Change (X) Addition
Name: FISCHER, WALTER
Address: 4427 S.E. 16TH PLACE, #2
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WALTER FISCHER

MGR

04/29/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date