

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90156 015 ***252.11

DOCUMENT # L01000022500

1. Entity Name

CASSISI FAMILY LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3105 SW 5TH CT

3. Mailing Address

3105 SW 5TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

Applied For

Not Applicable

Zip

COUNTRY

ALACHUA

Zip

COUNTRY

ALACHUA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

NICHOLAS J CASSISI

Street Address (P.O. Box Number is Not Acceptable)

3105 SW 5TH CT

City

GAINESVILLE

FL

Zip Code

32601

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

3-13-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME: NICHOLAS CASSISI MGRM
STREET ADDRESS: 3105 SW 5TH CT
CITY-ST-ZIP: GAINESVILLE, FL 32601

TITLE NAME: ELAYNE E CASSISI MGRM
STREET ADDRESS: 3105 SW 5TH CT
CITY-ST-ZIP: GAINESVILLE, FL 32601

TITLE NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

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STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

**DO NOT WRITE
IN THIS SPACE**

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:

N. Cassisi

3-13-03

(352) 392-5397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)