


04-23-2003 90231 038 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000006084
 1. Entity Name
TREMEX, LLC



Principal Place of Business Mailing Address
343 L'ATRIUM CIRCLE **343 L'ATRIUM CIRCLE**
DESTIN FL 32550 **DESTIN FL 32550**

2. Principal Place of Business 3. Mailing Address
4640 PARADISE ISLE **4640 PARADISE ISLE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Destin **Destin**

Zip Country Zip Country
32541 **USA** **32541** **USA**

4. FEI Number Applied For
43-1976373 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCGILL, ROBERT E III
36008 EMERALD COAST PARKWAY, SUITE 301
DESTIN FL 32541

7. Name and Address of New Registered Agent
 Name: **EIKE TREMMEL**
 Street Address (P.O. Box Number is Not Acceptable): **4640 PARADISE ISLE**
 City: **Destin** FL Zip Code: **32541**

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 **EIKE TREMMEL** *[Signature]* **4-21-03**
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering. DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UWE Tremmel <input type="checkbox"/> Delete 4640 PARADISE ISLE Destin, Florida 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MGR. Member
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EIKE TREMMEL <input type="checkbox"/> Delete 4640 PARADISE ISLE Destin, Florida 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REG. AGENT & Member
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 808, Florida Statutes.

SIGNATURE: **X** **SIGNATURE REQUIRED** **4-21-03** *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

44003000

22001000

CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)