

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92212 008 \*\*\*\*50.00

DOCUMENT # L02000017632  
1. Entity Name 20 Bankley Circle, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 3836 Harold Ave Suite, Apt. #, etc.  
3. Mailing Address Same Suite, Apt. #, etc.

City & State FT Myers FL City & State  
Zip 33901 Country USA Zip Country

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4204237 Applied For  Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Alan L Tannenbaum  
Street Address (P.O. Box Number is Not Acceptable) 3836 Harold Ave  
City FT Myers State FL Zip Code 33901

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 Monika Tannenbaum Signature, typed or printed name of registered agent and title if applicable. DATE 4-30-03

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1.**

9. MANAGING MEMBERS/MANAGERS			
TITLE	<u>MGRM</u>	TITLE	
NAME	<u>Alan L Tannenbaum</u>	NAME	
STREET ADDRESS	<u>3836 Harold Ave</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>FT Myers FL 33901</u>	CITY - ST - ZIP	
TITLE	<u>MGRM</u>	TITLE	
NAME	<u>Monika A Tannenbaum</u>	NAME	
STREET ADDRESS	<u>3836 Harold Ave</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>FT MYERS FL 33901</u>	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: Monika Tannenbaum SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date 4-30-03 Daytime Phone # 339-292-6667

CR2E083B (12/02)