


05-05-2003 92172 025 ****50.00

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

30069201

DOCUMENT # L02000030729			
1. Entity Name 4001 SW 17TH AVENUE, LLC			
Principal Place of Business 4210 DEL PRADO BOULEVARD CAPE CORAL, FL 33904		Mailing Address 4210 DEL PRADO BOULEVARD CAPE CORAL, FL 33904	
2. Principal Place of Business 4001 SW 17th Avenue Suite, Apt. #, etc.		3. Mailing Address 4001 SW 17th Avenue Suite, Apt. #, etc.	
City & State Cape Coral, FL		City & State Cape Coral, FL	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33914-5676		Country Lee	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOOD, KENNETH C 3624 DEL PRADO BOULEVARD CAPE CORAL, FL 33904		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		DATE _____	
FILE NOW WITH 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM Kenneth C. Wood 3624 Del Prado Blvd. Cape Coral, FL 33904	<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 608, Florida Statutes.			
SIGNATURE: <i>Kenneth C Wood</i>		Date: <i>4/29/03</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CR2E003 (1/02)