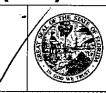
## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034417

1. Entity Name

FISHER/MOEN, L.L.C.



## FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90808 007 \*\*\*\*50.00

															E

2. Principal Place of	Business	3. Mailing Address						
1101 Pariw	inkle Way	1101 Periwikle Way						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
Suite 108		Suite 108						
City & State		City & State						
Sanibel F	lorida	Sanibel Florida						
Zip 33957	Country	<sup>Zip</sup> 33957	Country					
33957	USA	3395/	I USA					

DO NOT WRITE IN THIS SPACE

Donizad	\$5.0	10	Additional
		Х	Not Applicabl
			Applied For

Fee Required

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent								
Name Timothy J. Murty, Esq.								
Street Address (P.OBox Number is Not Acceptable) 1633 Peniwinkle Way, Suite A								
1000								

5. Certificate of Status Desired

4. FEI Number

City Sanibel FL Zip Code 33957

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.

CI	$\sim$	NA	TI (		_
	V 7	N.F		m	_

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

DATI

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME Joseph Fisher 1101 Periwinkle Way Suite 108 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Sanibel FL 33957 CITY-ST-ZIP TITLE TITLE MGRM Michael S. Moen 604 Locust St. Suite 212 NAME STREET ADDRESS STREET ADDRESS Des Moines IA 50309 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOTWRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE MLE NAME 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 empended to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

E: Mey C Mun

<u>3/27/0</u>

239-472-2700

Daytime Phone #

CR2E083B (12/02)