

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

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

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

DOCUMENT # L02000034417

1. Entity Name



FISHER/MOEN, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1101 Periwinkle Way

3. Mailing Address  
1101 Periwinkle Way

Suite, Apt. #, etc.  
Suite 108

Suite, Apt. #, etc.  
Suite 108

City & State  
Sanibel Florida

City & State  
Sanibel Florida

Zip  
33957

Country  
USA

Zip  
33957

Country  
USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Timothy J. Murty, Esq.

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

1633 Periwinkle Way, Suite A

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.

SIGNATURE

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

DATE

**FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Joseph Fisher<br>1101 Periwinkle Way Suite 108<br>Sanibel FL 33957 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Michael S. Moen<br>604 Locust St. Suite 212<br>Des Moines IA 50309 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/02)

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:

*Joseph Fisher*

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

3/27/03

Date

231-472-2700

Daytime Phone #