

2000 UNIFORM BUSINESS REPORT (UBR)

0010757 AF

DOCUMENT # L97000000288
 1. Entity Name
313 EAST OSCEOLA, L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB 10 AM 9:30

Principal Place of Business
 313 EAST OSCEOLA STREET
 STUART FL 34994

Mailing Address
 313 EAST OSCEOLA STREET
 STUART FL 34994-2227



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

Country

3. Mailing Address
317 East Osceola St.
 Suite, Apt. #, etc.
 City & State
 Zip

Country

4. FEI Number **65-0750448**
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BODEM, LOREN E
815 COLORADO AVENUE
SUITE 305
STUART FL 34994

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR SIMON, FRED 6819 S.E. SOUTH MARINA WAY STUART FL 34996 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS / CHANGES

| | | |
|--|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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 *****50.00 *****50.00
mf 2/20/00

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: _____ **SIGNATURE REQUIRED** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/4/00 *541-220-1588*
 Date Daytime Phone #

CF12E083 (9/99)