

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000458**

1. Entity Name
J.E.M. SANIBEL LIMITED LIABILITY COMPANY

FILED

00 JAN 28 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1648 PERIWINKLE WAY SUITE B SANIBEL FL 33957	Mailing Address 1648 PERIWINKLE WAY SUITE B SANIBEL FL 33957-4403
--	---

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0842234** Applied For
Not Applied For

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

6. Name and Address of Current Registered Agent

**COLLMAN, RICHARD A
1648 PERIWINKLE WAY
SUITE B
SANIBEL FL 33957**

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

Signature, typed or printed name of registered agent and title if applicable. (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 Delete
NAME **MGRM
MILLS, JOHN**
STREET ADDRESS **2340 PERIWINKLE WAY SUITE I-2**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE Delete
NAME **MGRM
MILLS, BRIGITTE**
STREET ADDRESS **2340 PERIWINKLE WAY SUITE I-2**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Add
NAME
STREET ADDRESS **300003121163--1**
CITY-ST-ZIP **-02/02/00--01082--020**
*******50.00 *****50.00**

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Add
NAME
STREET ADDRESS
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)(l), 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:

John Mills **JOHN MILLS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

19th JANUARY 2000 - UK TEL-004414832044
Date Daytime Phone #