

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90079 029 ****50.00

DOCUMENT # L97000000852

1. Entity Name

1997 M.L.E., L.C. ✓

Principal Place of Business

151 SAWGRASS CORNERS DRIVE
 SUITE 202
 PONTE VEDRA BEACH FL 32082

Mailing Address

151 SAWGRASS CORNERS DRIVE
 SUITE 202
 PONTE VEDRA BEACH FL 32082

000072

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0791219

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERBER, PAUL S
 151 SAWGRASS CORNERS DR
 #202
 PONTE VEDRA BEACH FL 32082

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR
 NAME: FERBER, PAUL S Delete
 STREET ADDRESS: 151 SAWGRASS CORNERS DRIVE, SUITE 202
 CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082

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 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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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]* SIGNATURE MANAGER REQUIRED

4/29/02

904 285-7600

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

Date

Daytime Phone #

CR2E083 (9/01)