

2000 UNIFORM BUSINESS REPORT (UBR)

0001273 AF

APPROVED
AND
FILED

00 MAY -5 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L97000001106
 1. Entity Name
CORAL COVE ANTIQUE GALLERY, L.C.

Principal Place of Business 7272 SOUTH TAMiami TRAIL SARASOTA FL 34231	Mailing Address 7272 SOUTH TAMiami TRAIL SARASOTA FL 34231-5554
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2. Principal Place of Business 7272 So. Tamiami Tr. Suite, Apt. #, etc. SARASOTA, FL. City & State 34231	3. Mailing Address Same Suite, Apt. #, etc. AS City & State Abuse
Zip Country SARASOTA	Zip Country

4. FEI Number 65-0796149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILLIN, DONNA
 1516 PELICAN COVE ROAD, GR 143
 SARASOTA FL 34231

7. Name and Address of New Registered Agent
 Name: Same
 Street Address (P.O. Box Number is Not Acceptable): 7350 S. Tamiami Tr Box 291
 City: Sarasota FL Zip Code: 34231

*Note change of Address

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: Donna Millin, Partner
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR MILLIN, DONNA 1516 PELICAN COVE ROAD, GR 143 SARASOTA FL 34231	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR RADICK, GEORGIA 3871 KINGSTON ROAD SARASOTA FL 34238	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7350 S. Tamiami Tr. Box 291 34231	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED** Date: 5-1-00 Daytime Phone #: 941-927-2205

CR/E083 (9/01)