

2000 UNIFORM BUSINESS REPORT (UBR)

000770 AF

DOCUMENT # L98000002688
 1. Entity Name
FAIR OAKS VENTURES, L.L.C.

FILED

00 JAN 12 PM 12:13

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
 2923 LAWN AVENUE 2923 LAWN AVENUE
 TAMPA FL 33611 TAMPA FL 33611-1646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3601 Bayshore Blvd *3601 Bayshore Blvd*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tampa Florida *Tampa Florida*

Zip Country Zip Country
33629 USA *33629 USA*

4. FEI Number Applied For
59-3543761 Not Applicable

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

6. Name and Address of Current Registered Agent
MULLIS, HAROLD W JR.
2923 LAWN AVENUE
TAMPA FL 33611

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 MULLIS, HAROLD W JR. 2923 LAWN AVENUE TAMPA FL 33611 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WLS BAYSHORE CORP. 3601 BAYSHORE BOULEVARD TAMPA FL 33629 <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
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
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

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.

WLS Bayshore Corp.
SIGNATURE: Ryan Smith *1/10/00* *(813) 2213900*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)