

2001 UNIFORM BUSINESS REPORT (UBR)

0017998 AF

DOCUMENT # L98000002688

1. Entity Name
FAIR OAKS VENTURES, L.L.C.

FILED

01 MAR 20 PM 11:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
**3601 BAYSHORE BLVD.
TAMPA FL 33629**

Mailing Address
**3601 BAYSHORE BLVD.
TAMPA FL 33629**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3543761**

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

7. Name and Address of New Registered Agent

**MULLIS, HAROLD W JR.
2923 LAWN AVENUE
TAMPA FL 33611**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR MULLIS, HAROLD W JR.**
STREET ADDRESS **2923 LAWN AVENUE**
CITY-ST-ZIP **TAMPA FL 33611**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGR WLS BAYSHORE CORP.**
STREET ADDRESS **3601 BAYSHORE BOULEVARD**
CITY-ST-ZIP **TAMPA FL 33629**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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Change Addition
TITLE
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)(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: *Regina Mullis* **Regina Mullis** as president 3/12/01 813 221 3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)