

2001 UNIFORM BUSINESS REPORT (UBR)

6061700
JV

DOCUMENT # L99000000268
1. Entity Name
 1301 ASSOCIATES, L.C.

FILED
 01 MAR 28 AM 8:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
 1301 SIXTH AVE. W., SUITE 600 1301 SIXTH AVE. W., SUITE 600
 BRADENTON FL 34205 BRADENTON FL 34205

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **Applied For**
 65-0879319 Not Applicable

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

6. Name and Address of Current Registered Agent
 HENDRICKSON, ROBERT W
 1206 MANATEE AVENUE WEST
 BRADENTON FL 34205

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 _____ **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

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 -04/12/01--01004--021
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MEM	VARNAORE, DON	1301 SIXTH AVE. W., SUITE 600	BRADENTON FL 34205	<input type="checkbox"/>
MEM	PARENT, BURDETTE R JR.	1301 SIXTH AVE. W., SUITE 600	BRADENTON FL 34205	<input type="checkbox"/>
MEM	HOFFNER, DALE	1301 SIXTH AVE. W., SUITE 600	BRADENTON FL 34205	<input type="checkbox"/>
MEM	KING, JEFF	1301 SIXTH AVE. W., SUITE 600	BRADENTON FL 34205	<input type="checkbox"/>
MEM	MASCIO, GINA	1301 SIXTH AVE. W., SUITE 600	BRADENTON FL 34205	<input type="checkbox"/>
MEM	STATHIS, STAM	1301 SIXTH AVE. W., SUITE 600	BRADENTON FL 34205	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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: _____ **DATE:** 3/20/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)