

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001570

1. Entity Name

SPECIALTY INVESTMENTS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 4:18

Principal Place of Business

825 STRAWBRIDGE AVENUE
MELBOURNE FL 32901

Mailing Address

825 STRAWBRIDGE AVENUE
MELBOURNE FL 32901-4736



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 E Melbourne Ave.
Suite, Apt. #, etc.

3. Mailing Address

800 E Melbourne Ave
Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

59-3569157

Applied For

Not Applicable

Zip

32901

Country

USA

Zip

32901

Country

USA

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

FALLACE, JAMES H
1900 S. HICKORY STREET
MELBOURNE FL 32901

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 type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

[Signature]

1-28-00

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME MGR
STREET ADDRESS SWITZLER, THOMAS
CITY-ST-ZIP 825 STRAWBRIDGE AVENUE
MELBOURNE FL 32901

Change Addition
100003127091--0
-02/08/00--01049--011
*****50.00 *****50.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

THOMAS D SWITZLER

[Signature]

Date

1-28-00

Daytime Phone #

321-953-2004