

2000 UNIFORM BUSINESS REPORT (UBR)

0008941 JM

DOCUMENT # L99000001771

1. Entity Name
602 MANAGEMENT, L.L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR 16 PM 1:55

Principal Place of Business Mailing Address

4001 TAMIAMI TRAIL NORTH . SUITE 265 4001 TAMIAMI TRAIL NORTH . SUITE 265
 NAPLES FL 34103 NAPLES FL 34103-8733



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEL Number Applied For

65-0901032 Not Applicable

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

6. Name and Address of Current Registered Agent

EURO-AMERICAN CONSULTING, INC.
 4001 TAMIAMI TRAIL NORTH , SUITE 265
 NAPLES FL 34103

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 GULF SHORE INVESTMENTS, INC. 4001 TAMIAMI TRAIL NORTH , SUITE 265 NAPLES FL 34103 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR INTERNATIONAL GENERAL PARTNER, INC. 4001 TAMIAMI TRAIL NORTH , SUITE 265 NAPLES FL 34103 | <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 | 800003187518--2 -03/28/00--01079--019 *****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

BLT

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 REQUIRED 3-13-00 941-643-1131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #