

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002975**

1. Entity Name
CCMS DEVELOPMENT, L.L.C.

FILED

00 JAN 18 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2405 PIPER BLVD.
NAPLES FL 34110

Mailing Address
2405 PIPER BLVD.
NAPLES FL 34110-1387



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 5. Certificate of Status Desired | <input type="checkbox"/> \$5.00 Additional Fee Required |
| Zip | Country | Zip | Country | | |

| | | | | | | | |
|---|--|--|--|--|----|----------|--|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| STERLING, JACK 2405 PIPER BLVD. NAPLES FL 34110 | | | 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 | | | 10. ADDITIONS/CHANGES | | |
|-----------------------------|--------------------|---------------------------------|-----------------------|-----------------------|---|
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLAUSSEN, ROBERT G | | NAME | | |
| STREET ADDRESS | 2405 PIPER BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL 34110 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | 200003114072-4 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | -01/28/00--01023--025 | |
| STREET ADDRESS | | | STREET ADDRESS | *****50.00 *****50.00 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: Robert Clausen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: 1/14/00 Daytime Phone #: 941-596-9067