

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003269

1. Entity Name  
LAND GROVE ASSOCIATES, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:09

Principal Place of Business

756 BRENTWOOD POINT  
NAPLES FL 34110

Mailing Address

756 BRENTWOOD POINT  
NAPLES FL 34110-7910



2. Principal Place of Business

5006 TAMiami TRAIL No.  
Suite, Apt. #, etc.

3. Mailing Address

5006 TAMiami TR. No.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPles, FL

Zip Country  
34103

City & State

NAPles FL

Zip Country  
34103

4. FEI Number

59-3575986

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LYNCH, DENNIS J

756 BRENTWOOD POINT  
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5006 TAMiami TRAIL North

City NAPles

FL

Zip Code  
34103

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 title if applicable.

(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 MGR  
NAME LYNCH, DENNIS J  
STREET ADDRESS 756 BRENTWOOD POINT  
CITY-ST-ZIP NAPLES FL 34110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

10.

ADDITIONS / CHANGES

TITLE  
NAME 5006 TAMiami TRAIL No.  
STREET ADDRESS NAPles, FL. 34103  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS 600003132066--0  
CITY-ST-ZIP -02/11/00--01013--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
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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:

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

Date

Daytime Phone #

CR2E083 (9/99)

0011238 AF