

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -7 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000003373			
1. Entity Name EDMARK VII, L.L.C.			
Principal Place of Business 4600 ST. CROIX LANE NAPLES FL 34109		Mailing Address 4600 ST. CROIX LANE NAPLES FL 34109-3505	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3584926		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CONROY, J. THOMAS III 3838 TAMiami TRAIL NORTH, STE 402 NAPLES FL 34103				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 NAME	MEM FINKELSTEIN, EDWARD S	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17842 ARGYLL TERRACE		STREET ADDRESS		
CITY- ST- ZIP	BOCA RATON FL 33496		CITY- ST- ZIP		
TITLE NAME	MEM FINKELSTEIN, MORTON	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17079 DARLINGTON COURT		STREET ADDRESS	200003298182--9	
CITY- ST- ZIP	BOCA RATON FL 33496		CITY- ST- ZIP	-05/21/00--01007--012	
TITLE NAME	MEM FINKELSTEIN, RALEIGH	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17842 ARGYLL TERRACE		STREET ADDRESS	****55.00	
CITY- ST- ZIP	BOCA RATON FL 33496		CITY- ST- ZIP	****55.00	
TITLE NAME	MEM FINKELSTEIN, MARK	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3324 WHITBURN COURT		STREET ADDRESS		
CITY- ST- ZIP	ADA MI 49301		CITY- ST- ZIP		
TITLE NAME	MEM POTESTIO, FRANK JR.	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4600 ST. CROIX LANE		STREET ADDRESS		
CITY- ST- ZIP	NAPLES FL 34109		CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 5/1/00 941-593-9641

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