

2001 UNIFORM BUSINESS REPORT (UBR)

0020907 AF

DOCUMENT # L99000003373
 1. Entity Name
EDMARK VII, L.L.C.

FILED

01 APR 30 PM 6: 21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 4600 ST. CROIX LANE 4600 ST. CROIX LANE
 NAPLES FL 34109 NAPLES FL 34109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3105 LA COSTA CIRCLE **7995 PRESERVE CIRCLE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NAPLES, FL **NAPLES, FL**
 Zip Country Zip Country
34105 **USA** **34119** **USA**

4. FEI Number Applied For
59-3584926 Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
CONROY, J. THOMAS III
3838 TAMiami TRAIL NORTH, STE 402
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 _____ (NOT Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM FINKELSTEIN, EDWARD S 17842 ARGYLL TERRACE BOCA RATON FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM FINKELSTEIN, MORTON 17079 DARLINGTON COURT BOCA RATON FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM FINKELSTEIN, RALEIGH 17842 ARGYLL TERRACE BOCA RATON FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM FINKELSTEIN, MARK 3324 WHITBURN COURT ADA MI 49301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM POTESTIO, FRANK JR. 4600 ST. CROIX LANE NAPLES FL 34109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM FINKELSTEIN, KAY C., TRUST 17842 ARGYLL TERRACE BOCA RATON, FL 33496 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED FINKELSTEIN TRUST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORTON M. FINKELSTEIN, TRUST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RALEIGH J. FINKELSTEIN, TRUST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004218088-7 <input type="checkbox"/> Change <input type="checkbox"/> Addition -05/15/01--01110--015 *****55.00 *****55.00

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: _____ **4/25/01** **941-593-9641**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)