

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 17, 2000 08:00 AM
Secretary of State

DOCUMENT # L99000004538

1. Entity Name
 ST. PETERSBURG ALF INVESTMENTS LLC

Principal Place of Business THE GLADES BUILDING SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702	Mailing Address THE GLADES BUILDING SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702
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2. Principal Place of Business THE GLADES BUILDING, SUITE 303	3. Mailing Address THE GLADES BUILDING, SUITE 303
Suite, Apt. #, etc. 877 EXECUTIVE CENTER DRIVE WEST	Suite, Apt. #, etc. 877 EXECUTIVE CENTER DRIVE WEST
City & State ST PETERSBURG FL	City & State ST PETERSBURG FL

DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MASCARA ERNEST L THE GLADES BUILDING SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE **03/17/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASCARA ERNEST L 877 EXECUTIVE CENTER DRIVE WEST SUITE 303 ST PETERSBURG FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERAETS JOHANNES F 421 FOURTH AVENUE NORTH ST PETERSBURG FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.