

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**Apr 27, 2001 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
----------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

2. Principal Place of Business THE KRESS BUILDING, SUITE M-8 Suite, Apt. #, etc. 475 CENTRAL AVENUE City & State ST PETERSBURG FL	3. Mailing Address THE KRESS BUILDING, SUITE M-8 Suite, Apt. #, etc. 475 CENTRAL AVENUE City & State ST PETERSBURG FL
--------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3646643	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

Zip 33701	Country US	Zip 33701	Country US
--------------	---------------	--------------	---------------

5. Certificate of Status Desired **\$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
MASCARA ERNEST L
Street Address (P.O. Box Number is Not Acceptable)
THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
City
ST PETERSBURG FL Zip Code
33701

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 ERNEST L. MASCARA DATE 04/27/2001
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERAETS JOHANNES F 421 FOURTH AVENUE NORTH ST PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

SIGNATURE: JOHANNES F. GERAETS MGR DATE 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)