

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **L99000005334**

1. Entity Name
ROOFTREE L.L.C.

00 JUL 20 PM 4: 32

SECRETARY OF STATE
TAMPA, FLORIDA

Principal Place of Business Mailing Address
N5799 WILDLIFE ROAD N5799 WILDLIFE ROAD
ARGYLE WI 53504 ARGYLE WI 53504



DO NOT WRITE IN THIS SPACE

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 39-1970972	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

LARSON, WILLIAM H
1900 SW 97TH PLACE
OCALA FL 34476

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME MGRM TETZLAFF, RAYMOND L STREET ADDRESS 5940 SEABIRD DRIVE CITY-ST-ZIP ST PETERSBURG FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MGRM LARSON, THOMAS L STREET ADDRESS 1956 5TH STREET SOUTH CITY-ST-ZIP NAPLES FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MGRM LARSON, WILLIAM H STREET ADDRESS 1900 SW 97TH PLACE CITY-ST-ZIP OCALA FL 34476	<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
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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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: Thomas G. Larson, MGRM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

608-543-3799

07-19-00

Date Daytime Phone #

CR2E083 (5/00)