

2000 UNIFORM BUSINESS REPORT (UBR)

0017938 SP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 PM 1:19



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005740
1. Entity Name
 COTTON STRIP DEVELOPMENT, L.L.C.

Principal Place of Business 6118 S.R. 80 WEST ALVA FL 33920	Mailing Address 6118 S.R. 80 WEST ALVA FL 33920
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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 05-0956394	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

BUTLER, GAREY F
 1625 HENDRY STREET, STE 301
 FORT MYERS FL 33901

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/MEMBERS		
TITLE NAME MGRM SHULTS, MICHAEL	<input type="checkbox"/> Delete	
STREET ADDRESS 6118 S.R. 80 WEST		
CITY-ST-ZIP ALVA FL		
TITLE NAME MGRM ELAM-SHULTS, BETHENY	<input type="checkbox"/> Delete	
STREET ADDRESS 6118 S.R. 80 WEST		
CITY-ST-ZIP ALVA FL		
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	ny 3/13/00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200003169792--1
CITY-ST-ZIP	-03/14/00--01118--001
	*****55.00 *****55.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Betheny Elam Shults **2/23/00** **863-615-6788**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)