

2000 UNIFORM BUSINESS REPORT (UBR)

0010812 AF

DOCUMENT # L99000008175

1. Entity Name
NEL PROPERTIES, L.L.C.

FILED

00 MAR 13 PM 2:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Principal Place of Business % JAMES W. GUARNIERI 1111 OAKFIELD DRIVE, SUITE 115 BRANDON FL 33511 | Mailing Address % JAMES W. GUARNIERI 1111 OAKFIELD DRIVE, SUITE 115 BRANDON FL 33511-4948 |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3611210 | 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

GUARNIERI, JAMES W
1111 OAKFIELD DRIVE, SUITE 115
BRANDON FL 33511

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 STREET ADDRESS CITY-ST-ZIP | managing member Guarnieri, James W. 1111 Oakfield Dr, Suite 115 Brandon FL 33511 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | St. Bernard Hotel member 1111 Oakfield Dr, Suite 115 Brandon FL 33511 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Martinez Neri L. member 1111 Oakfield Dr, Suite 115 Brandon FL 33511 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Managing Member <input type="checkbox"/> Delete Guarnieri, James W. 1111 Oakfield Dr., Suite 115 Brandon, FL 33511 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member <input type="checkbox"/> Delete Holz, Siegfried, 1111 Oakfield Dr., Suite 115 Brandon, FL 33511 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member <input type="checkbox"/> Delete Martinez, Neri L., 1111 Oakfield Dr., Suite 115 Brandon, FL 33511 |

| 10. ADDITIONS/CHANGES | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 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 4000003182804--5 -03/24/00--01050--022 *****50.00 *****50.00 |
| 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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER** *NEL properties llc*
 Date *2-6-00* Daytime Phone # *813 685-4414*

CR2E083 19/99