

2000 UNIFORM BUSINESS REPORT (UBR)

0009495 AF

DOCUMENT # L99000005236

1. Entity Name
209 FAUBEL, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 28 PM 12:48

Principal Place of Business
2033 MAIN ST
STE 600
SARASOTA FL 34237

Mailing Address
2033 MAIN ST
STE 600
SARASOTA FL 34237-6091



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, TROY H JR ESQ
2033 MAIN ST
STE 600
SARASOTA FL 34237

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. ADDITIONS/CHANGES

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MYERS, TROY H JR
2033 MAIN ST STE 600
SARASOTA FL 34237

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

mf 3/8/00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900003165479--2
-03/10/00--01097--009
*******50.00 *****50.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
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:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/18/00

Date

941-95378110

Daytime Phone #

68(1) (9/98) CF