

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014864

1. Entity Name
SANDY'S VENETIAN GARDEN, L.L.C.

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
305-B W. Venice Ave 305-B W. Venice Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED
01 APR -4 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City & State Venice FL **City & State** Venice FL

4. FEI Number 651058791 **Applied For**
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Zip 34285 **Country** FLORIDA **Zip** 34285 **Country** FLORIDA

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

Name: Sandra Kostetsky

Street Address (P.O. Box Number is Not Acceptable): 165 Inlets Blvd

City: Nokomis **FL** **Zip Code** 34275

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			10. ADDITIONS/CHANGES		
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	President Sandra Kostetsky 165 Inlets Blvd Nokomis, FL 34275
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	600003995296--9 -04/12/01--01120--003 *****50.00 *****50.00
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	
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	

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: *Sandra C. Kostetsky* **Date** Feb 7, 2001 **Daytime Phone #** 941 4888885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)