2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A98000002327 1. Entity Name LEECH INVESTMENTS, LTD. Principal Place of Business 2787 DICK WILSON DR. SARASOTA FL 34240 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Due By May 1, 2002 Country Zip Country Tourity S. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required DARNELL, ROBERT W 2033 MAIN STREET, SUITE 400 SARASOTA FL 34237 AND FILED O2 APR 15 PM 12: 28 SECRETARY OF STATE TALL'AHASSEE, FLORIDA SECRETARY OF STATE TALL'AHASSEE, FLORIDA SECRETARY OF STATE TALL'AHASSEE, FLORIDA TALL'AHASSEE, FLORIDA SECRETARY OF STATE TALL'AHASSEE, FLORIDA SECRETARY OF STATE TALL'AHASSEE, FLORIDA SECRETARY OF STATE TALL'AHASSEE, FLORIDA TALL'AHASSEE, FLORIDA SECRETARY OF STATE TALL'AHASSEE, FLORIDA SECRETARY OF STATE TALL'AHASSEE, FLORIDA TALL'AHASSEE, FLORIDA TALL'AHASSEE, FLORIDA SECRETARY OF STATE TALL'AHASSEE, FLORIDA TALL'AHASSEE, FLORIDA SECRETARY OF STATE TALL'AHASSEE, FLORIDA TALL'AHASSEE, FLORIDA
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2787 DICK WILSON DR. SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DUE BY MAY 1, 2002 City & State City & State City & State Country Zip Country Zip Country Tourish Applied 6. Name and Address of Current Registered Agent DARNELL, ROBERT W 2033 MAIN STREET, SUITE 400 2787 DICK WILSON DR. SARASOTA FL 34240 3. Mailing Address Suite, Apt. #, etc. DUE BY MAY 1, 2002 Applied Not Applied Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. City & State City & State City & State Country 5. Certificate of Status Desired Fee Required Fee Required Name Name Name Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. City & State City & State City & State Country 5. Certificate of Status Desired Fee Required Fee Required Name Name Name Street Address (P.O. Box Number is Not Acceptable)
City & State City & State City & State City & State Country Country Country Country Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable)
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6. Name and Address of Current Registered Agent DARNELL, ROBERT W 2033 MAIN STREET, SUITE 400 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
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2033 MAIN STREET, SUITE 400 Street Address (P.O. Box Number is Not Acceptable)
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City Zio 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 DATE
9. Capital Contributions \$1,000,000.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STA
as shown on record. In Floring to date.
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY
DOCUMENT / NAME LEECH, JOHN L STREET ADDRESS Z787 DICK WILSON DR
Afters innered 199 (20) E VIEW JIDIVE
DOCUMENT #
NAME LEECH, M. ELEANOR STREET ADDRESS 27,57 DICK WILSON DA STREET ADDRESS
CITY-ST-ZIP SARASOTA FL 34223
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SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date | Daving Phone *