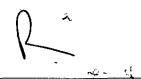
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004945

LLH GENERAL PARTNER, INC.



FILED Jun 29, 2000 8:00 am Secretary of State

05-16-2000 90792 014 ***150.00

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Principal Place of Business			Mailing Address									
4500 EXECUTIVE DR. #110 NAPLES FL 34119			4500 EXECUTIVE DR. #110 NAPLES FL 34119-8907				- 1	71	and the second	to the second		
2. Principal Place of Business			3. Mailing Address				4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4	. FEI Number	65-0779694		I A	pplied For	3
								05-0775054			ot Applicable]
Zip		Country	Zip	Coun	itry	5.	. Certificate of	Status Desired		8.75 Ad ee Require		
	6. Name an	d Address of Current Re	gistered Agent			7.	. Name and A	ddress of New Re	gistered A	jent		-
				•	Name			!				ĺ
	CE, R. SCOTT I				Street A	ddress (P.O.	Box Number	s Not Acceptable)			·	1
	ü GULDEN GA ZLES FL 34105	TE-PKWY:,-STE:-315-					<u> </u>	<u></u>		•	-	1 ~
100	EEO I E OTTOO				City					Zip Coo		1
			, 		City				<u> </u>	Zip Col]
8. The above	e named entity su	bmits this statement for th	ne purpose of changing its	register	ed office o	r registered a	agent, or both,	in the State of Flor	rida.			
								1				1
SIGNATURE	Signature, typed or pri	inted name of registered agent and	title if applicable (NOTE	Registere	d Apent signal	ure required when	n reinstating)	1	DATE			Ì
9 This corp.	oration is aligible	to entirely ite Intennible	FILE NOW!	II FFF	IS \$150.	00	T					1
 This corporation is eligible to satisfy its Intangi Tax filing requirement and elects to do so. (See criteria on back) 		,	After MAY 1, 2000 Fee wi			550,00 Trust Fund Contribution.						
	ma on back)		<u> </u>	12.			ADDITIONS	HANGES TO OFFI	CEBS AND I	NECTOS	S IN 11	┨
11. TITLE	I DPT	OFFICERS AND DI	Delete	TITLI		11/2				☐ Change	Addition	8
NAME	BROWN, THOMAS G		L. Delete			11 11.0.	William N. M. tchell 4500 Executive Delve Naples 71 34119				CR2E034 (9/99)	
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CITY-ST-ZIP	NAPLES FL	34119		CITY	-ST-ZIP	Ngo	115, 71	34119				122
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STREET ADDRESS	ł			STRE	ET ADDRESS			ч				١.
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NAME		•		NAM				Ú.				l
STREET ADDRESS				STRE	ET ADDRESS							

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like employered.