

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000000389**

1. Entity Name  
**SE PARTNERS LLC**

FILED  
01 JUN 11 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
847 TANBARK, #104  
C/O CINCENT GREGG SHY  
NAPLES FL 34108

Mailing Address  
847 TANBARK, #104  
C/O CINCENT GREGG SHY  
NAPLES FL 34108



DO NOT WRITE IN THIS SPACE

**MJH**

2. Principal Place of Business  
**871 C MEADOWLAND DRIVE**

3. Mailing Address  
**871 C MEADOWLAND DRIVE**

Suite, Apt. #, etc.

City & State  
**NAPLES FLORIDA**

City & State  
**NAPLES FLORIDA**

Zip  
**34108** Country  
**USA**

Zip  
**34108** Country  
**USA**

4. FEI Number  
**59-3617129**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHY, VINCENT GREGG**  
**847 TANBARK, #104**  
**C/O CINCENT GREGG SHY**  
**NAPLES FL 34108**

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 **VINCENT G. SHY** **5/1/01**

Signature, typed or printed name of registered agent and date 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>SHY, VINCENT GREGG</b> <b>847 TANBARK, #104</b> <b>NAPLES FL 34108</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>871 C MEADOWLAND DRIVE</b> <b>NAPLES FL 34108</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800004429892-4</b> <b>-06/19/01-01067-015</b> <b>*****50.00 *****50.00</b>	<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: **VINCENT G. SHY** **5/1/01** **941-592-0779**

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

0020831 AF

CR2E083 (11/00)