

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90054 005 ****50.00

909296



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000000869

1. Entity Name
 TROJER ENTERPRISES, LLC

Principal Place of Business 5301 CONROY ROAD, SUITE 140 ORLANDO FL 32811	Mailing Address 5301 CONROY ROAD, SUITE 140 ORLANDO FL 32811
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2. Principal Place of Business 1326 CAPE CORAL PKWY. Suite, Apt. #, etc. Suite 12	3. Mailing Address Suite, Apt. #, etc.
City & State CAPE CORAL, FL	City & State
Zip 33904	Country USA

4. FEI Number 59-3620328	Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LANE, PAUL CAMP ATTY
 5301 CONROY ROAD, SUITE 140
 ORLANDO FL 32811

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROJER, JAKOB 5301 CONROY ROAD, SUITE 140 ORLANDO FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROJER, JAKOB 5301 CONROY ROAD, SUITE 140 ORLANDO FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROJER, JAKOB 5301 CONROY ROAD, SUITE 140 ORLANDO FL 32811 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROJER, JAKOB 5301 CONROY ROAD, SUITE 140 ORLANDO FL 32811 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROJER, JAKOB 1326 Cape Coral Parkway E. Ste. 12 Cape Coral, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROJER, Roland 1326 Cape Coral Parkway E. Ste. 12 Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jakob Trojer, Manager 01/15/02 (407) 316-0343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)