

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000001254

1. Entity Name

DAVID P. RUPPERT, L.L.C.

FILED

01 MAR -5 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3925 9TH PLACE
VERO BEACH FL 32960

Mailing Address

3925 9TH PLACE
VERO BEACH FL 32960

2. Principal Place of Business

3925 9th Place

3. Mailing Address

PO Box 550

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VERO BEACH FL

Zip

Country

Zip

Country

32961-0550

4. FEI Number

65-0989959

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUPPERT, DAVID P
3925 9TH PLACE
VERO BEACH FL 32960

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

David P. Rupert General Partner

2-28-01

Signature, typed or printed name of registered agent and title 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
GENERAL PARTNER
DAVID P. RUPPERT
3925 9th Place
VERO Beach, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVID L RUPPERT-MGRM
3925 9th Place
VERO Beach, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARGARET L RUPPERT
3925 9th Place
VERO Beach, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARGARET L RUPPERT
3925 9th Place
VERO Beach, FL 32960

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

DAVID P RUPPERT

Date

2/28/01

Daytime Phone #

CR2E083 (11/00)