

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000001288**

1. Entity Name

BURMONT PROPERTIES, L.C.**FILED**
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90169 044 ****50.00

0005243

Principal Place of Business

**3856 ORANGE LAKE DR.
ORLANDO FL 32817**

Mailing Address

**3856 ORANGE LAKE DR.
ORLANDO FL 32817**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0531588**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BURR, BETTY
3856 ORANGE LAKE DR.
ORLANDO FL 32817**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VP
MONTEZ, CINDY
5390 N. LAKE BURKETT LANE
WINTER PARK FL 32792**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**SEC
BURR, WILLIAM D.
3856 ORANGE LAKE DR.
ORLANDO FL 32817**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TRES
MONTEZ, RAMIRO
5390 N. LAKE BURKETT LANE
WINTER PARK FL 32792**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**P
BURR, BETTY
3856 ORANGE LK. DR.
ORLANDO FL 32817**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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:

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

Date

Daytime Phone #

CR2E083 (4/02)