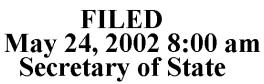
2002 UNIFORM BUSINESS REPORT (UBR)



1	JMENT # LOQOQ(GOR PLACE ASSOCIATES, I		1600	\	\		04-16-20	_		State ***50.00	E
Principal Place of Business Mailing Address					<u> </u>	—			<u> </u>		
3525 BONITA BEACH RD., STE. 112 BONITA SPRINGS FL 34134			3525 BONITA BEACH RD., STE. 112 BONITA SPRINGS FL 34134			85754				754	
2. Principal I	Place of Business	3. N	failing Address			_	All to a secondary of the secondary				È
Sulte, Apt	. #, etc.	s	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Star	te -	C	City & State			4. FEII	4. FEI Number 59-3646553 Applied For Not Applied For				\Box
Zip	Country	Z	ip	Cou	ntry	5. Certi	ificate of Status Desired	\$		dditional	ie
	6. Name and Address of Curre	nt Registe	ered Agent			7, Nam	e and Address of New R				\dashv
JOHNSON, KENNETH R 4001 TAMIAMI TRAIL NORTH, SUITE 300					-Name Street Addre		Number is Not Acceptable	سيست د معير		_	7
NAPLES FL 34103					City			FL	Zip Co	ode	
8. The above	named entity submits this statement	for the pu	rpose of changing its r	register	ed office or regi	istered agent,	or both, in the State of Flo		L		\dashv
SIGNATURE .	Signature, typed or printed name of registered age	or and title if a		. D1-4	4.4						
· ,-			FILE NO Make Check Pay	W!!! /able t	FEE IS \$50.0 to Department ay 1, 2002	00	PQ)	DATE			1
					ay 1, 4002						╛
TITLE	MANAGING MEMBERS/MANAGERS MGR						ADDITIONS/		7 0		┦;
NAME STREET ADDRESS CITY-ST-ZIP	KEYSER, A. JAMES 27040 OLD US-41 ROAD BONITA SPRINGS FL 34135							L] Change	☐ Addition	000
TITLE NAME	501111111111111111111111111111111111111		☐ Delate	TITLE					Change	Addition	- {
STREET ADDRESS CITY-ST-ZIP				1	ET ADDRESS -ST-ZIP	••		•			
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TITLE NAME			☐ Delate	TITLE NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP		L		STREET CITY-S	T ADDRESS ST-ZIP						

11. I hereby certify that the information supplied with his 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 the signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CONTROL OF PROPERTY NAME OF SEC

941-992-5450 x 264

Daytime Phone #