

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000001831**1. Entity Name  
GPNT LIMITED LIABILITY COMPANYPrincipal Place of Business  
200 CAPRI ISLES BLVD.  
VENICE FL 34292Mailing Address  
200 CAPRI ISLES BLVD.  
VENICE FL 34292

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

4. FEI Number  
65-0656762

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HILDEBRANDT WILLIAM  
200 CAPRI ISLES BLVD.  
VENICE FL 34292

7. Name and Address of New Registered Agent

Name  
HILDEBRANDT WILLIAM  
Street Address (P.O. Box Number is Not Acceptable)  
743 SHAMROCK BLVD  
City VENICE FL Zip Code 34293

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 \_\_\_\_\_ DATE 04/27/2001

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

TITLE	MGRM	NAME	STREET ADDRESS	CITY-ST-ZIP	10. ADDITIONS / CHANGES
	<input type="checkbox"/> Delete	TOMS NICHOLAS	200 CAPRI ISLES BLVD.	VENICE FL 34292	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete				<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: NICHOLAS TOMS MGR 04/27/2001

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

Date

Daytime Phone #

CR2E083 (11/00)