




# 2001 UNIFORM BUSINESS REPORT (UBR)

0020946 AF

<b>DOCUMENT #</b>		<b>L00000001846</b>		<b>FILED</b> <b>01 JUL 30 AM 8:47</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b> 	
1. Entity Name <b>GATES MCVEY PROPERTIES, L.L.C.</b>		Principal Place of Business % STEVE ROBISON 5405 PARK CENTRAL COURT NAPLES FL 34109		Mailing Address % STEVE ROBISON 5405 PARK CENTRAL COURT NAPLES FL 34109	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PARRISH, JON D</b> <b>PARRISH, WHITE, LAWHON &amp; MOORE, P.A.</b> <b>2171 PINE RIDGE ROAD, STE. D</b> <b>NAPLES FL 34109</b>				Name <b>David Morrison</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>3838 Tamiami Trail North</b>	
				Suite <b>Suite 402</b>	
				City <b>Naples</b>	FL Zip Code <b>34109</b>
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 _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b> <b>000004513100--0</b> <b>-08/02/01--01068--030</b> <b>*****50.00 *****50.00</b>					
9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GATES MCVEY CAPITAL GROUP, L.L.C. 5405 PARK CENTRAL COURT NAPLES FL 34109</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>managing member Stephen D. Robison 5405 Park Central Court Naples, FL 34109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Member Todd E. Gates 5405 Park Central Court Naples, FL 34109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Member James L. Mcvey 5405 Park Central Court Naples, FL 34109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:  7/27/01 941 593-3777					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

CR2E083 (11/00)