

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90257 032 ****50.00

DOCUMENT # L00000002047

1. Entity Name
BROOKS & FREUND, LLC

Principal Place of Business Mailing Address
~~5129 CASTELLO DR., STE. 1~~ ~~5129 CASTELLO DR., STE. 1~~
~~NAPLES FL 34103~~ ~~NAPLES FL 34103~~

2. Principal Place of Business 3. Mailing Address
6281 Metro Plantation Rd. **6281 Metro Plantation Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort Myers, FL **Fort Myers, FL**
 Zip Country Zip Country
33912 USA **33912 USA**

4. FEI Number **65-0988288** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLLMAN, EDWARD E
5129 CASTELLO DR., STE. 1
NAPLES FL 34103

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 _____
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 May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM BROOKS, DONALD E 13762 PINE VILLA LANE FORT MYERS FL 33912	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGRM FREUND, RICHARD 8619 SO. LAKE CIRCLE FORT MYERS FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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: **Edward E. Wollman, Representative** 4/30/02 (231) 425-1533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)