

FILED
Jun 23, 2002 8:00 am
Secretary of State

06-23-2002 90505 009 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002352

1. Entity Name

JACARANDA OF SOUTHWEST FLORIDA, L.L.C.

Principal Place of Business

1473 PERWINKLE WAY
SANIBEL FL 33957

Mailing Address

1473 PERWINKLE WAY
SANIBEL FL 33957

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0961689

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRITCHARD, WILLIAM L
1473 PERWINKLE WAY
SANIBEL FL 33957

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PRITCHARD, WILLIAM L 1473 PERWINKLE WAY SANIBEL FL 33957	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PRITCHARD, ROGER 1473 PERWINKLE WAY SANIBEL FL 33957	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GAETA-MARGARETA 1473 PERWINKLE WAY SANIBEL FL 33957	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GAETA, PAUL F. 1473 PERWINKLE WAY SANIBEL FL 33957	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE 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 808, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1/8/02

941-472-0131

CR2E083 (9/01)