

2001 UNIFORM BUSINESS REPORT (UBR)

0020094 AF

DOCUMENT # L00000002383

1. Entity Name

GAP ENTERPRISES, L.L.C.

FILED

01 FEB 23 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1473 PERIWINKLE WAY
SANIBEL FL 33957

1473 PERIWINKLE WAY
SANIBEL FL 33957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

PRITCHARD, WILLIAM
1473 PERIWINKLE WAY
SANIBEL FL 33957

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PARTNER
WILLIAM PRITCHARD
1473 Periwinkle Way
Sanibel Fl 33957

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PARTNER
Roger Pritchard
1473 Periwinkle Way
Sanibel Fl. 33957

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition
800003769168--2
-02/27/01--01018--010
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1/20/01 941-472-0131

CR2E083 (11/00)