

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002588
 1. Entity Name
 Clariel J. Mulholland, L.L.C.

FILED

01 AUG 24 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 1100 Beach Road, Apt. 3K 1100 Beach Road, Apt. 3K
 Vero Beach, FL 32963 Vero Beach, FL 32963

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
 306-26-8980 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Valdes-Fauli Corporate Services, Inc.
 777 South Flagler Dr., Ste. 500 E.
 West Palm Beach, FL 33401

7. Name and Address of New Registered Agent
 Name Patricia F. Cherry, c/o Johns Island Property Owners Association
 Street Address (P.O. Box Number is Not Acceptable)
 One Turtle Beach Road
 City Vero Beach FL Zip Code 32963

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 *Patricia F. Cherry* DATE 8/24/01
(NOTE: Registered Agent signature required when reinstating)

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	Member Mulholland, Clariel J. 1100 Beach Road, Apt. 3K Vero Beach, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (11/00)

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: *Clariel J. Mulholland* DATE: 7/13/01 201-664-2148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE