2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002751

1. Entity Name
SAMMONS INVESTMENTS, L.C.

FILED
2001 JUN -7 PM 5:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4060 VINKEMULDER ROAD COCONUT CREEK FL 33073	4060 VINKEMULDER ROAD COCONUT CREEK FL 33073

2. Principal Place of Business	3. Mailing Address
50 TWELVE OAKS ROAD	50 TWELVE OAKS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEABROOK SC	City & State: SEABROOK, SC
Zip: 29940 Country:	Zip: 29940 Country:

4. FEI Number 65-1047050 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RITTER, GREGORY J
RITTER CHUSID BIVONA & COHEN LLP
7000 W. PALMETTO PARK ROAD, SUITE 400
BOCA RATON FL 33433

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: SAMMONS, WILLIAM C. STREET ADDRESS: 4060 VINKEMULDER ROAD CITY-ST-ZIP: SEABROOK, SC. 29940	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 900004367249--3 -06/06/01--01033--024 *****50.00 *****50.00	☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #