

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90726 044 ****50.00

DOCUMENT # L00000003269

1. Entity Name

KAREN E. BEANE SIGNATURE HOMES, L.L.C.

Principal Place of Business

**12670 NEW BRITTANY BLVD.
 SUITE 101
 FT. MYERS FL 33907**

Mailing Address

**GOSTELLO SIMS & ROYSTON
 P.O. BOX 00205
 FORT MYERS FL 33900**

B0054557



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

312 PALM LAKES DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 7178
 Suite, Apt. #, etc.

City & State

SANIBEL FL

City & State

GILFORD NH

4. FEI Number

65-1029206

Applied For

Not Applicable

Zip

33957

Country

Zip

03247

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR
 12670 NEW BRITTANY BLVD.
 SUITE 101
 FT. MYERS FL 33907**

7. Name and Address of New Registered Agent

Name **KAREN E. BEANE**
 Street Address (P.O. Box Number is Not Acceptable)
312 PALM LAKES DRIVE
 City **SANIBEL FL** Zip Code **33957**

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	MGR BEANE, KAREN E P.O. BOX 7178 GILFORD NH 03247	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)