

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 24 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004007
1. Entity Name
 SAUNDERS ROAD, L.L.C.

Principal Place of Business 1440 JOHN RINGLING PARKWAY SARASOTA FL 34236	Mailing Address 1440 JOHN RINGLING PARKWAY SARASOTA FL 34236
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2. Principal Place of Business 751 Frederick Street	3. Mailing Address P.O. Box 516
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Hanover, PA	City & State Hanover, PA



DO NOT WRITE IN THIS SPACE

Zip 17331	Country USA	Zip 17331	Country USA
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4. FEL Number 65-0998233	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

4000004195244-7
 -05/11/01--01031--019
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Roger L. Holland 4435 Grandview Road Hanover, PA 17331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard J. Cacchiotti 10604 Forest Run Bradenton, FL 34202
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: *Roger L. Holland* **Managing member** **2/12/01** **(717)632-5300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)