2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004054

1. Entity Name
BANYAN WOODS, LLC

Principal Place of Business	Mailing Address
5811 PELICAN BAY BLVD.. SUITE 208 NAPLES FL 34108	5811 PELICAN BAY BLVD.. SUITE 208 NAPLES FL 34108

☐ CHECK HERE IF MAKING CHANGES

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 **65-0995005** ☐ 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
BARNETT, LISA H 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES FL 34102	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS | **10.** ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
MGRM COLEMAN, STEPHEN D 5811 PELICAN BAY BLVD., SUITE 208 NAPLES FL 34108	☐ Delete		☐ Change	☐ Addition
MGRM COLEMAN, MARK L 5811 PELICAN BAY BLVD., SUITE 208 NAPLES FL 34108	☐ Delete		☐ Change	☐ Addition
	☐ Delete		☐ Change	☐ Addition
	☐ Delete		☐ Change	☐ Addition
	☐ Delete		☐ Change	☐ Addition
	☐ Delete		☐ Change	☐ Addition

CR2E083 (10/02)

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 REQUIR_ Stephen D. Coleman 1/28/03 (239) 566-2719

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