## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 05, 2002 8:00 am DOCUMENT # L0000004662 **Secretary of State** 1. Entity Name 03-05-2002 90055 018 \*\*\*\*50.00 JESSE J. AND LARA A. LYNN MANAGEMENT, L.L.C. Principal Place of Business Mailing Address 2801 FRUITVILLE RD. STE 100 2801 FRUITVILLE RD. STE 100 SARASOTA FL 34237 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEL Number 65-1002694 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LYNN, LARA A Number is Not Acceptable) 6907 RIVER BIRCH COURT **BRADENTON FL 34202** 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. MICHAEL HAIL (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State - Due By May 1, 2002 ... MANAGING MEMBERS/MANAGERS ADDITIONS / CHANGES 9. MGKM MGRM 街 Change TITLE ☐ Addition TITLE Delete NAME NAME LYNN, LARA A 40' Brookpointe Cours STREET ADDRESS STREET ADDRESS 2801 FRUITVILLE RD, STE 100 CITY+ST-7IP CITY-ST-ZIP SARASOTA FL 34237 Change ☐ Delete ☐ Addition MGRM LYNN, JESSE J NAME spok pointe Court STREET ADDRESS STREET ADDRESS 2801 FRUITVILLE RD, STE 100 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34237 ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE

11. I hereby certify that the information supplied with this filling 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

2/11/02 941-966-4232 SIGNATURE

CR2E083 (9/01)

**FILED**