

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 13, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000004810**1. Entity Name
NANAS N PAPAS, LLC

Principal Place of Business	Mailing Address
PO BOX 8774	PO BOX 8774
CORAL SPRINGS FL 33075	CORAL SPRINGS FL 33075

2. Principal Place of Business	3. Mailing Address
4858 N. W. 117TH AVENUE	PO BOX 8774

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
CORAL SPRINGS FL	CORAL SPRINGS FL

Zip	Country	Zip	Country
33076	US	33075	US

4. FEI Number	Applied For
65-1009508	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CONNORS ANITA H
4858 NW 117TH AVENUE

CORAL SPRINGS FL 33706 US

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 **ANITA H. CONNORS****01/13/2001**

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**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CONNORS ANITA H	
STREET ADDRESS	4858 NW 117TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

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

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: Anita H. Connors**MGRM 01/13/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)