

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** L000000004C147**1. Entity Name**21st Century Investments LLC

FILED

01 MAY -3 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA700004336887--0
-05/31/01--01094--022
*****50.00 *****50.00**Principal Place of Business****Mailing Address**460 Bella Vista Court North
Jupiter FL 33477460 Bella Vista Ct. N.
Jupiter, FL 33477**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

Applied For

☒ Not Applicable**5. Certificate of Status Desired** ☐\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentArnold, Curtis M
460 Bella Vista Court N.
Jupiter FL 33477**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

(NOT a Registered Agent signature required when incorporating)

DATE

9. MANAGING MEMBERS / MEMBERSTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPArnold, Curtis M
460 Bella Vista Court N.
Jupiter FL 33477☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP☐ Delete**10. ADDITIONS / CHANGES**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.****SIGNATURE:**

Curtis M. Arnold

4/24/2001

561-575-6866

SIGNATURE OF TYPE OR PRINTED NAME OF BUSINESS OR PERSONS REGISTERED, INCORPORATED, OR AUTHORIZED REPRESENTATIVE

Date

Company Phone #

CR20003 (1/00)