

2001 UNIFORM BUSINESS REPORT (UBR)

0005172 AF

DOCUMENT # L00000005259

1. Entity Name
GATES MILLS, LLC

FILED
01 APR 25 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
284 PARK AVENUE NORTH
WINTER PARK FL 32789

Mailing Address
284 PARK AVENUE NORTH
WINTER PARK FL 32789



2. Principal Place of Business 284 Park Ave North Suite, Apt. #, etc. Suite A City & State Winter Park, FL Zip 32789		3. Mailing Address 284 Park Ave North Suite, Apt. #, etc. Suite A City & State Winter Park, FL Zip 32789	
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DO NOT WRITE IN THIS SPACE

4. FEI Number		<input type="checkbox"/> Applied For	
		<input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HADLEY III, RALPH V 1031 WEST MORSE BLVD, STE 100 WINTER PARK FL 32789		Name ROBERT L. UNDERWOOD Street Address (P.O. Box Number is Not Acceptable) 537 EAST PARK AVENUE City TALLAHASSEE FL Zip Code 32301	

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 *xRALW* Robert L. Underwood, Management Co., 4/20/01
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

4000004164324--4
-05/09/01--01022--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MANAGER BENCHWARMERS GP INC. 537 East Park Avenue Tallahassee, Florida 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *xRALW* Robert L. Underwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

President of Benchwarmers G-P, Inc. (Munya) 4/20/01

CR2E08 (1/1) 6882