2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005551

1. Entity Name

CIMLINK REAL ESTATE SERVICES, L.C.

FILED
01 SEP 11 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O CIMINELLI DEVELOPMENT COMPANY, INC. 350 ESSJAY ROAD, SUITE 101 WILLIAMSVILLE NY 14221	C/O CIMINELLI DEVELOPMENT COMPANY, INC. 350 ESSJAY ROAD, SUITE 101 WILLIAMSVILLE NY 14221

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 59-3670547 ☐ 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
BAILIN, LAWRENCE J 401 EAST JACKSON STREET, SUITE 2200 TAMPA FL 33602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CIMINELLI, FRANK L 4994 STRICKLER ROAD CLARENCE NY 14031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THOMAS C. McGEACHY 3004 HARBOR View Avenue TAMPA, FLORIDA 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CIMINELLI, PAUL F 89 MAYNARD DR EGGERTSVILLE NY 14226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400004610514--0 -09/25/01--01068--012 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CIMINELLI, JOHN A 6350 WOODLAND COURT EAST AMHERST NY 14051	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STARK, WILLIAM B JR 22 WYNNGATE LANE WILLIAMSVILLE NY 14221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STARK, WILLIAM B. JR. 150 ARIELLE CT - APT. A WILLIAMSVILLE, NY 14221	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DENTINGER, JAMES F 10555 ROYAL OAK DRIVE CLARENCE NY 14031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KRAJACIC, FRED M 24 MELODY LANE TONAWANDA NY 14150	☐ Delete	TITLE / 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)(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: X SIGNATURE REQUIRED 9/1/01 (716) 631-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)

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