

2001 UNIFORM BUSINESS REPORT (UBR)

0023080 AF

DOCUMENT # **L00000005613**

1. Entity Name
4523 30TH STREET W. BRADENTON, FL, L.C.

FILED

01 JAN 25 AM 10:38

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2324 RESERVE COURT **2324 RESERVE COURT**
LAND O'LAKES FL 34639 **LAND O'LAKES FL 34639**

2. Principal Place of Business 3. Mailing Address
4523 30th Street West **640 Kingston Ct.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Bradenton, FL **Apollo Beach FL**
 Zip Country Zip Country
34207 **MANatee** **33572** **Hillsborough**

4. FEI Number Applied For
65-1009915 Not Applicable

5. Certificate of Status Desired **X** \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARVEY, DAVID E 2324 RESERVE COURT LAND O'LAKES FL 34639	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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, STUART H 830 RIVER DRIVE GARFIELD NJ 07026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003602837--4 -01/30/01--01132--007 *****55.00 *****55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **David J. Hayward** Date: **1-10-01** Daytime Phone #: **813 949 3713**

CR2E083 (11/00)