

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005802

1. Entity Name

LA PENINSULA INVESTMENT GROUP, LLC

FILED

AUG 16 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

112 LA PENINSULA BLVD  
UNIT 109 ISLES OF CAPRI  
NAPLES FL 34113

Mailing Address

112 LA PENINSULA BLVD  
UNIT 109 ISLES OF CAPRI  
NAPLES FL 34113

2. Principal Place of Business

109 LA Peninsula Blvd  
Suite, Apt. #, etc.

3. Mailing Address

109 LA Peninsula Blvd  
Suite, Apt. #, etc.

City & State  
Naples, FL

Zip  
34113

Country  
Collier

City & State  
Naples, FL

Zip  
34113

Country  
Collier

4. FEI Number

N/A

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION  
100 SE 2 STREET  
SUITE 2800  
MIAMI FL 33131-1714

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~Manager  
Jerry Robinson  
109 LA Peninsula Blvd.  
Naples, FL 34113~~  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Jerry Robinson  
109 LA Peninsula Blvd  
Naples, FL 34113  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000004547430--1  
-08/21/01--01071--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  Change  Addition

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:

*[Signature]*

7-23-01 741-450-5455

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

Date

Daytime Phone #

CR2E083 (5/01)