

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005844

1. Entity Name
SPYGLASS/JED, L.L.C.

Principal Place of Business
325 SEDGWICK COURT
NAPLES FL 34109

Mailing Address
325 SEDGWICK COURT
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

9150 Galleria Ct.

9150 Galleria Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

100

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34109

34109

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONROY, THOMAS L III

3838 TAMiami TRAIL NORTH, SUITE 402

NAPLES FL 34109

Name

JOSEPH E. D'JAMOOS

Street Address (P.O. Box Number is Not Acceptable)

325 SEDGWICK CT

City

NAPLES

FL

Zip Code

34108

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

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*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME D'JAMOOS, JOSEPH E
STREET ADDRESS 325 SEDGWICK COURT
CITY-ST-ZIP NAPLES FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME SPYGLASS, LLC
STREET ADDRESS 1100 SPYGLASS LANE
CITY-ST-ZIP NAPLES FL 34102

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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

Daytime Phone #

FILED

01 APR 30 PM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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