

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90165 005 \*\*\*\*50.00

**DOCUMENT # L00000005900**

1. Entity Name  
**HIBISCUS LANE, L.L.C.**

Principal Place of Business  
**18401 MURDOCK CIRCLE  
PORT CHARLOTTE FL 33948**

Mailing Address  
**18401 MURDOCK CIRCLE  
PORT CHARLOTTE FL 33948**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number **23-3076190**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**WHIGHAM, DAVID L ESQ.  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE FL 33948**

## 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 May 1, 2002**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MEM</b>			
	<b>ROSE LANE, LP</b>			
	<b>127 ROSE LANE</b>			
	<b>HAVERFORD PA 19041</b>			

## 10. ADDITIONS/CHANGES

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:** *Rose Lane, LP* *General Partner*  
*By: GRAHAM F. Ziegler, Member*  
*Graham Ziegler* *3/6/02* *610-688-6660x360*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)