

2001 UNIFORM BUSINESS REPORT (UBR)

0004173 AF

DOCUMENT # L00000006247

1. Entity Name
MARENGO, LLC

FILED

01 FEB 26 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
30 SOUTH SHORE DRIVE
DESTIN FL 32541

Mailing Address
30 SOUTH SHORE DRIVE
DESTIN FL 32541

2. Principal Place of Business
Watercolor

3. Mailing Address
Marengo LLC

Suite, Apt. #, etc.
Suite 19 Rosemary Garden

Suite, Apt. #, etc.
c/o Jim Berger PO Box 490

City & State
Destin, Florida

City & State
BRUNSWICK, GA

Zip
32541

Country
USA

Zip
31521

Country
USA

4. FEI Number
58-2540294

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HOWELL, WILLIAM S JR.
30 SOUTH SHORE DRIVE
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name _____

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

City _____ State **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 *James Berger* DATE *2/13/01*

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>James F Berger MGR</i> <i>202 Dunbar Drive</i> <i>St Simons Island, GA 31522</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>900003782279--9</i> <i>-02/27/01--01055--008</i> <i>*****55.00 *****55.00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the report as required by Chapter 608, Florida Statutes.

SIGNATURE: *JAMES F. BERGER* DATE: *2/13/01* DAYTIME PHONE #: *912-265-1750*

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

CR2E083 (11/00)