## **FILED**

## 2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am Secretary of State DOCUMENT # L0000006667 02-18-2002 90182 009 \*\*\*\*50.00 CEB INVESTMENTS, L.L.C. Mailing Address Principal Place of Business 2708 DEBUSSY COURT 2708 DEBUSSY COURT TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3661544 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BASTIAN, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 2708 DEBUSSY COURT TALLAHASSEE FL 32308 City 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. (NOTE: Registered Agent signature required when reinstating) **FILE NOW!!! FEE IS \$50.00** Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. ☐ Change ☐ Addition **MGRM** TITLE TITLE Delete NAME BASTIAN, ANTHONY NAME STREET ADDRESS STREET ADDRESS 2708 DEBUSSY COURT CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Addition ☐ Change **MGRM** ☐ Delete TITLE TITLE ALIOTTA, DOROTHEA NAME NAME STREET ADDRESS STREET ADDRESS 2708 DEBUSSY CT. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

STATE UIPANTHONY 13 ASTIAN 2-8-02

SINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date