

2001 UNIFORM BUSINESS REPORT (UBR)

~~\$ 50.00~~ FILED

01 MAY 21 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0020745 AF

DOCUMENT # L00000006752

1. Entity Name
CENTURY MINING COMPANY, LLC

Principal Place of Business Mailing Address
801 LAUREL OAK DRIVE, SUITE 400 **801 LAUREL OAK DRIVE, SUITE 400**
NAPLES FL 34108 **NAPLES FL 34108**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3671216** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESTER, DONALD E
801 LAUREL OAK DRIVE, SUITE 400
NAPLES FL 34108

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 _____ DATE _____
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

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM Donald E. Lester 801 Laurel Oak Drive, Suite 400 Naples, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	BK
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	200004417852--1 --06/13/01--01059--025 ****750.00 *****50.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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 19.07(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: **DONALD E. LESTER** Date: **4/30/01** Daytime Phone #: **941-593-1000**

CR2E083 (11/00)