2001 UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT # L0000006883								
1. Entity Name GLUH INVESTMENTS OF SARASOTA, LLC					FILED			
					OI FEB 19	9 PH 12: 38		
Principal Place of Business Mailing Address  2 N. TAMIAMI TRAIL. SUITE 1200 2 N. TAMIAMI TRAIL. SUITI SARASOTA FL 34236 SARASOTA FL 34236			E 1200		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing Address								
\$256 Central Sarasota PKWY 4256 Central Sarasota PKWY								
Suite, Apt. #, etc. Suite, Apt. #, etc. 323					DO NOT WRIT	E IN THIS SPACE		
Sarasota FL City & State Sarasot		Sarasota	. FL	4. FEIN	4. FEI Number Applied For Not Applicable			
<sup>Zip</sup> 347	238 Country USA	<sup>Zip</sup> 34238	Country	5. Certi	ficate of Status Desired	□ \$5.00 Ad Fee Require		
<u></u>	6. Name and Address of Current R	egistered Agent	Name		e and Address of New R	egistered Agent		
HOOS, GEORGE Street Address (P					TEOTGE lumber is Not Acceptable	)		
2 N. TAMIAMI TRAIL, SUITE 1200 SARASOTA FL 34236			425	4256 Central Sarasota PKWY Suite 323				
			-	Sarasota		FL Zip Coo		
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 feme 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 MEMBER		10.	.:	ADDITIONS/			
NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOS, GEORGE 2 N. TAMIAMI TRAIL, SUITE 1200 SARASOTA FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOOS GEOT 4256 Cent	rral Sarasota P	Kwy ♯323	Addition 3	
TITLE	MGR	☐ Delete	TITLE	MRS	a FL 3423	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HOOS, URSULA 2 N. TAMIAMI TRAIL, SUITE 1200 SARASOTA FL 34236		NAME Street address, City-St-Zip	HOOS UR 4256 Cev Sarasota	SULA Hral Sunaso FL 3423	ta Pκω4 # 32	2-3	
TITLE NAME == -		☐ Delete	TITLE			746 <b>0</b> 0000 /0101105		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		****	50.00 *****	50.00	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME Street address			name Street address					
CITY-ST-ZIP	-4	Delete	CITY-ST-ZIP			Change	- Addition	
NAME STREET ADDRESS CITY-ST-ZIP	\$	LJ Delete	NAME STREET ADDRESS CITY-ST-ZIP	-	W	☐ Change	Addition	
TITLE .		☐ Delete	TITLE		<b>,</b>	☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS					
11.   hereby c	ertify that the information supplied with th	is filing does not qualify for the	CITY-ST-ZIP e exemption stat	ed in Section 119.0	7(3)(i), Florida Statutes. I i	urther certify that the in	formation	
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: DESCRIPTION TO SIGNING MANAGER, MANAGER, OF AUTHORIZED REPRESENTATIVE Date Date Dayling Phone #								