2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007292

1. Entity Name

REGENT DEVELOPMENT COMPANY LC

FILED

01 SEP 10 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1130 E DONEGAN AVE STE 4 KISSIMMEE FL 34744	1130 E DONEGAN AVE STE 4 KISSIMMEE FL 34744

2. Principal Place of Business		3. Mailing Address	
1130 E. Donegan Ave		1130 E. Donegan Ave	
Suite, Apt. #, etc.: Ste 4		Suite, Apt. #, etc.: Ste 4	
City & State: Kissimmee FL		City & State: Kissimmee	
Zip: 34744	Country: U.S.A.	Zip: 34744	Country: USA

4. FEI Number: x — ☑ 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
COMPTON, BARRY L 1130 E. DONEGAN AVE., STE 4 KISSIMMEE FL 34744	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 September 26, 2001

400004603374--8
-09/20/01--01095--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Barry Compton 1130 E. Donegan Ave Ste 4 Kissimmee, FL 34744 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-Pres Daniel Blackford 1130 E. Donegan Ave Ste 4 Kissimmee, FL 34744 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE REQUIRED — Sept 5, 2001 — (407) 983-2854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (5/01)