

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007665

1. Entity Name

NADEN DEVELOPMENT CO. L.L.C.

Principal Place of Business

8812 CROSSWOOD COURT
RIVERVIEW FL 33569

Mailing Address

8812 CROSSWOOD COURT
RIVERVIEW FL 33569

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LABRAM, NANCY J
8812 CROSSWOOD COURT
RIVERVIEW FL 33569

4. FEI Number

59-3683626

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS / MEMBERS

TITLE: President
NAME: NANCY LABRAM
STREET ADDRESS: 8812 CROSSWOOD CT.
CITY-ST-ZIP: RIVERVIEW, FL. 33569

TITLE: VICE-PRESIDENT
NAME: DENNIS LABRAM
STREET ADDRESS: 8812 CROSSWOOD CT.
CITY-ST-ZIP: RIVERVIEW, FL. 33569

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

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10. ADDITIONS / CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
700004420367-0
-06/14/01--01091--020
*****50.00 *****50.00

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CITY-ST-ZIP:

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:

NANCY LABRAM

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

4-28-01

Date

813-677-0083

Daytime Phone *

CR2E083 (11/00)

0016766 AF

APPROVE:
AND
FILED

01 JUN -8 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE