

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L00000008189

1. Entity Name

SUN TERRA, L.L.C.

01 APR 24 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2949 WEST STATE ROAD 434, SUITE 400
LONGWOOD FL 32779

Mailing Address

2949 WEST STATE ROAD 434, SUITE 400
LONGWOOD FL 32779



2. Principal Place of Business

2933 W SR 434

3. Mailing Address

2933 W SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3666553

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROYALL, H.J.

2949 WEST STATE ROAD 434, SUITE 400-
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2933 W SR 434

Suite 101

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.

Manager

(NOTE: Registered Agent Signature required when reinstating)

4/19/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004161549--4
-05/08/01--01041--003
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS ROYALL, H.J. JR.
CITY-ST-ZIP 2949 WEST STATE ROAD 434, SUITE 400-
LONGWOOD FL 32779

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS 2933 W SR 434, Ste 101
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

HT Royall Jr. 4/19/01 407-774-0308

CR2E083 (11/00)

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