2001 UI	NIFORM BU	SINESS REPOI	RT	(UBF	?)				
DOCUMEN 1. Entity Name SANIBEL ONE				whole is a .		·			
					FILED				
Principal Place of Bus 1633 PERIWINKLE WA SANIBEL FL 33957	Mailing Address 1633 PERIWINKLE WAY. SI SANIBEL FL 33957	633 PERIWINKLE WAY. SUITE G			OF MAR 29 AM SECRETARY OF S				
2. Principal Place of E	Business	3. Mailing Address	ailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	City & State	City & State			Number 05- 102392-3			oplied For	
Zip	Country Zip			5. Certificate of Status Desired Specificate of Status Desired Fee Required				ditional	
6. N	ame and Address of Curr	ent Registered Agent			7. Na	ame and Address of New Regis	tered A	jent	
ROGUSKA, BRENDA R 15031 PUNTA RASSA RD., #204				Name Street Address (P.O. Box Number is Not Acceptable)					
FT. MYERS FL 3		City			FL Zip Code				
8. The above named	entity submits this stateme	nt for the purpose of changing its re	egister	ed office or	registered ager	nt, or both, in the State of Florida.		<u></u>	
SIGNATURE	typed or printed name of registered a	gent and title if applicable. (NOTE:	Registere	d Agent signatu	ire required when rein	stating)	DATE		 -
	FILE NO	FILE NOW!!! FEE IS \$50.00 Check Payable to Department of			900039 -04/11/0 *****50	10		-012	
9. MANAGING MEMBERS/MEMBERS						ADDITIONS/CHA	NGES		
TITLE Delete NAME STREET ADDRESS			nam Stri	TITLE Manager					
CITY-ST-ZIP TITLE NAME STREET ADDRESS	,	☐ Delete	TITL		Sanibe Member Brenda 15031			□ Change	Addition
CITY+ST-ZIP		☐ Releta		-ST-ZIP	Ft- Mage			☐ Change	☐ Addition

9. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

8.