2001	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR)
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DOCU  1. Entity Nar  FPW-GP		00086	05			01 MAY -1			
		dress Lorida Avenue . Suite #200 DFL 33813			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 3. Mailing A		ddress							
Suite, Apt. #, etc. Suite, Ap		#, etc.			DO NOT WRITE IN THIS SPACE				
City & State City & Sta		City & Sta	le		<b>4</b> . F	El Number			plied For t Applicable
Zip	Country	Zip		Country		ertificate of Status Desired	F	5.00 Add se Required	
	6. Name and Address of Current F	legistered Age	ent ,	Name	7. N	ame and Address of New Rec	jistered Aç	ent	
MAXWELL, LAWRENCE T 5015 S. FLORIDA AVENUE, SUITE #200			,	Street Address (P		P.O. Box Number is Not Acceptable)			
LAKELAN	D FL 33813			City			FL	Zip Code	<del></del>
SIGNATURE .	Signature, typed or printed name of registered egent ar		FILE NOV	egistered Agent signatur VIII FEE IS \$5	50.00		DATE		
9.	MANAGING MEMBE			10.		ADDITIONS/CI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR A & M BUSINESS PROPERTIES, 5015 S. FLORIDA AVENUE, SUITI LAKELAND FL 33813	NC.	Delete	NAME STREET ADDRESS CITY-ST-ZIP		9000042 	2 <b>7</b> 55	024 - 0	<u> 11                                  </u>
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11. I hereby c indicated limited liab	ertify that the information supplied with t on this report is true and accurate and t illity company or the receiver or trustee o	his filing does r nat my signatur empowered to a	not qualify for the e shall have the execute this rep	e exemption state same legal effect ort as required by	d in Section 1 t as if made un Chapter 608,	19.07(3)(i), Florida Statutes. I fu der oath; that I am a managing Florida Statutes.	irther certify g member i	that the interpretation	formation of the

SIGNATURE:

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

LAWRENCE T MAXWELL

8636471581 Daytime Phone #