

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008668

1. Entity Name

INVESTEC LLC

Principal Place of Business

1591 E. ATLANTIC BLVD. SUITE 200
POMPANO BEACH FL 33060

Mailing Address

1591 E. ATLANTIC BLVD. SUITE 200
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CARLTON MANAGEMENT, INC.
1591 E. ATLANTIC BLVD. SUITE 200
POMPANO BEACH FL 33060

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

400004138574--7
-05/07/01--01012--021
2100.00 **50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME RAYNER, MARK R
STREET ADDRESS ANNESLEY HOUSE/RECTORY RD/N. FAMBRIDGE
CITY-ST-ZIP CHELMSFORD/ESSEX/UK

TITLE MGR
NAME RAYNER, SYLVIA G
STREET ADDRESS ANNESLEY HOUSE/RECTORY RD/N. FAMBRIDGE
CITY-ST-ZIP CHELMSFORD/ESSEX/UK

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

FILED

01 APR 25 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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