

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008900

1. Entity Name  
ESTORIL BOOKS ENTERPRISES, LLC

Principal Place of Business  
444 SEABREEZE BLVD., SUITE 200  
DAYTONA BEACH FL 32118

Mailing Address  
444 SEABREEZE BLVD., SUITE 200  
DAYTONA BEACH FL 32118

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED

01 APR 23 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

KANJEE, MOHAN  
444 SEABREEZE BLVD., SUITE 200  
DAYTONA BEACH FL 32118

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

*Kanjee* Signature, typed or printed name of registered agent and title if applicable.

*Mohan Kanjee*

4/17/01 DATE

(NOTE: Registered Agent signature required when reinstating)

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

## 9. MANAGING MEMBERS/MEMBERS

## 10.

## ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANJEE, MOHAN 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004137149 -05/04/01--01032--023 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kanjee* SIGNATURE REQUIRED

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

4/17/01 3862552577

Daytime Phone #