

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 18, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000010025****1. Entity Name**

ACKERMAN PROPERTY MANAGEMENT, L.L.C.

Principal Place of Business**Mailing Address**

4319 OLD CREEK DRIVE

4319 OLD CREEK DRIVE

SARASOTA FL
34233SARASOTA FL
34233**2. Principal Place of Business**

4913 OLD CREEK DRIVE

3. Mailing Address

4913 OLD CREEK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-1032916

Applied For

Not Applicable

Zip

34233

Country**Zip**

34233

Country**5. Certificate of Status Desired**☐**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent**MYERS TROY HJR, ESQ
2033 MAIN STREET, SUITE 600SARASOTA FL
34237 US**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 **TROY H MYERS JR ESQ****09/18/2001**

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****9. MANAGING MEMBERS / MEMBERS**TITLE MGR ☐ Delete
NAME ACKERMAN MARK
STREET ADDRESS 4319 OLD CREEK DRIVE
CITY-ST-ZIP SARASOTA FL 34233TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**10. ADDITIONS / CHANGES**TITLE MGR ☒ Change ☐ Addition
NAME ACKERMAN MARK
STREET ADDRESS 4913 OLD CREEK DRIVE
CITY-ST-ZIP SARASOTA FL 34233TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:** Mark Ackerman

Mr

09/18/2001

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

Date

Daytime Phone #

CR2E083 (11/00)