

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010166

1. Entity Name
CANYON RESOURCES, LLC

FILED

2001 JUN -7 PM 5:11

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business 220 EAST MADISON STREET SUITE 1204 1211 TAMPA FL 33602	Mailing Address 220 EAST MADISON STREET SUITE 1204 1211 TAMPA FL 33602
--	--

2. Principal Place of Business 220 East Madison St Suite, Apt. #, etc. Suite 1211 City & State Tampa FL	3. Mailing Address 220 East Madison St Suite, Apt. #, etc. Suite 1211 City & State Tampa FL
--	--

DO NOT WRITE IN THIS SPACE

Zip 33602	Country USA	Zip 33602	Country USA
--------------	----------------	--------------	----------------

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
GAMBLE, SHIRLEY
220 EAST MADISON STREET
SUITE ~~1204~~ 1211
TAMPA FL 33602

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 Shirley Gamble
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 NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Shirley Gamble 220 East Madison St # 1211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Shirley Gamble 220 East Madison St # 1211 Tampa FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200004367252--4 -06/06/01--01033--025 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Shirley Gamble Date April 30, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE