2001 UNIFOKM BUSINESS REPORT (UB)	FORM BUSINESS REPORT (UBI	R)
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1. Entity Nar	IMENT # LOO ELUCCA LAND COMPA	000010842 NY, L.L.C.	,		
Principal Place 12512 LAKES CLERMONT F		Mailing Address 12512 LAKESHORE DR. CLERMONT FL 34711	,	FILED 2001 MAY - 2 AM 11: 3 DIVISION OF CORPORATION THE PARTITUMENT	6 GNSmin
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat	te	City & State		1	pplied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	ot Applicable ditional
	6. Name and Address of Cui	rrent Registered Agent		7. Name and Address of New Registered Agent	
		•	Name	*-	
	N, EUGENE E JR.		Street Address	s (P.O. Box Number is Not Acceptable)	
	124 N. BREVARD AVE. ARCADIA FL 34266				
AITOADIA	1 2 04200		City	FL Zip Cod	
SIGNATURE	Signature, typed or printed name of registered	FILE NO	Aegistered Agent signature requirement)	
9.	MANAGING M	EMBERS/MEMBERS	10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSS, CHARLES R 12512 S. LAKESHORE DR. CLERMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 30000433454305/30/01010780	Addition 5 13 5 00 00 00 00 00 00 00 00 00 00 00 00 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Gection 119.07(3)(i), Florida Statutes. I further certify that the in made under oath; that I am a managing member or manage.	Addition

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CHARLES R. RUSS