## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L0000010842 1. Entity Name

SIGNATURE:

WITHINNELUCCA LAND COMPANY, L.L.C.



## FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90562 009 \*\*\*\*50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS											
CERNONT FL 34711   CERNONT FL	Principal Plac	e of Business	Mailing Address		<u>-</u> -	7					
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Suite, Apt. #, etc.    Suite, Apt. #, etc.			ŧ								
City & State    City & State    City & State    City & State    A. FEI Number   65-1117704	2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address							
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RISS, CHARLES R 12512 S. LAKESHORE DR. CLERMONT FL 34711-8844  City FL   Zip Code  Cit	Zip	Country	Zip	Zip Country		5 Certificate of Status Desired Stat					
RUSS, CHARLES R 12512 S. LAKESHORE DR. CLERMONT FL. 34711-8844  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 Portida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Signature, Vised or privated name of registered agent and the if applicable.  NOTE: Pregulatind Agent registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligation of Portida. I am familiar with, and accept the obligation of Portida Department of State  NME  NME  RUSS, CHARLES R  MGR  RUSS, CHARLES R  NME  SITEST ADDRESS  CITY-ST-ZP  ITTLE  NME  SITEST ADDRESS  CITY-ST-ZP  TITLE  NME  SITEST ADDRESS  CITY-ST-ZP  CITY-ST-ZP  TITLE  NME  SITEST ADDRESS  CITY-ST-ZP		6. Name and Address of	Current Registered Agent	1		7. Name and Ad	ddress of New Re	gistered A	gent		
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8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Significant   Properties				. 1	City				Zip Cod	e	
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AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #