

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010952

1. Entity Name

LITTLE HICKORY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 19 AM 11:24

Principal Place of Business

C/O ELWOOD DAVIS - NE FINANCIAL CONSULT
P.O. BOX 2630
WESTPORT CT 06880

Mailing Address

C/O ELWOOD DAVIS - NE FINANCIAL CONSULT
P.O. BOX 2630
WESTPORT CT 06880



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

59-3679780

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, CHARLES M JR.
2640 GOLDEN GATE PKWY., STE. 305
NAPLES FL 34105

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

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
Elwood B Davis, Secretary
d/w CSIR VII Corp Manager
Po Box 2630
Westport CT 06880 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Lawrence L Pearce, Co-Manager
Realco Little Hickory, LLC
372 Lenell Road
Ft Myers Beach, FL 33931 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
800003930868-1
-03/30/01--01029--015
*****50.00 *****50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: *Elwood B Davis, Secretary Manager* 3-14-01 203-226-8997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0026446 AF

CR2E083 (11/00)