2001 UNIFORM BUSINESS REPORT (UBR)

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						SECRETARY OF STATE TALLAHASSEE, FLORIDA							
Principal Place			Mailing Address 4995 AIRPORT ROAD N				TALLAH	ASSEE.	LORID	Α			
NAPLES FL 34	1111		NAPLES FL 34105								-		
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2. Principal Place of Business 3. Mailing Address										ol i) od ili edic i il		I IABAR BAH IBBA	
17 ωes Suite, Apt. #		nsylvan	in Ave	17 West Pen Suite, Apt. #, etc.	Kanic	DO NOT WRITE IN THIS SPACE							
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Zip		Country	· / / / / / / / / / / / / / / / / / / /	Zip	Coun	itry	5 . C		ate of Status Desired	□ \$	5.00 Add]
2120	6. Name		of Current F	legistered Agent	<u> </u>	, <u>,</u>	7. N	lame a	nd Address of New F				_
			Name	-			- •						
RYAN, JEAN ESQ BOND, SCHOENECK & KING, P.A. 4001 NORTH TAMIAMI TRAIL, SUITE 404							Street Address (P.O. Box Number is Not Acceptable)						
NAPLES FL 34103							FL Zip Code						
8. The above r	named entit	y submits this	statement for	the purpose of changing its	s registere	ed office o	r registered age	ent, or t	ooth, in the State of Fk	orida.	- 		1
SIGNATURE _	Signature, typed	or printed name of	registered agent ar	d title if applicable. (NO	ΓΕ: Registere	d Agent signet	ure required when rei	instating)		DATE			4
		1				FEE IS \$							
				Make Check Pa	ayable t	o Depart	ment of State	e					
9.		MANAC	ING MEMBE	RS/MEMBERS	10.		The		ADDITIONS				1
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indicated o	on this repo	rt is true and a	ccurate and t ver or trustee	his filing does not qualify fo hat my signature shall have empowered to execute this	the same report as	e legal effe s required l	ect as if made up by Chapter 608	nder oa	ath; that I am a mana	I further certit ging member	y that the in or manage	nformation er of the	
		Conti	nertal	Realty Inves	1012) 1012)	corp			4/6/m	410-2	161-6	8118	
SIGNAT	URE: _ SIGNATURE	AND TYPED OR PE	RINTED NAME OF	SIGNING MANAGING MEMBER JA	NAGER, OR	AUTHORIZED	AEPRESENTATIVE		7/ B/U/ Date		time Phone #		