

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011295

1. Entity Name
ANDALUSIA REALTY GROUP, L.L.C.

FILED

01 APR 30 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
331 CAPE CORAL PARKWAY
CAPE CORAL FL 33914

Mailing Address
331 CAPE CORAL PARKWAY
CAPE CORAL FL 33914



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1041782

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUBBARD, STEVEN W
ROETZEL & ANDRESS
2320 FIRST STREET, SUITE 1000
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name
James P. Shea
Street Address (P.O. Box Number is Not Acceptable)
5227 SW 11th Ct.
City
Cape Coral FL Zip Code
33914

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 James P. Shea

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/01

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	<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 James P. Shea 5227 SW 11th Ct. Cape Coral, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Keri Plate 1429 SW 49th Terrace Cape Coral, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Andrew Plate 1429 SW 49th Terrace Cape Coral, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700004220777-2 -05/16/01--01112--009 *****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

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: James P. Shea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/01

Date

941-541-9244

Daytime Phone #

0019832 AF

002E083 (11/00)