

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000011509

1. Entity Name
STAGECOACH L.L.C.

Principal Place of Business
PO BOX 572
SANIBEL ISLAND FL 33957

Mailing Address
PO BOX 572
SANIBEL ISLAND FL 33957

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

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URKOVICH, RONALD S
2323 WOOSTER LANE, SUITE 2
SANIBEL FL 33957

Name DAVE OWENS

Street Address (P.O. Box Number is Not Acceptable)

City SANIBEL ISLAND FL Zip Code 33957

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.

(NO)

Registered Agent signature required when reinstating)

DATE

4-28-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900004302299--6
-05/23/01--01060--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGING PARTNER
TREVOR NETTE
695 LARSON BAY RD #5
SANIBEL IS FL 33957

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 Addition

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Change Addition

TITLE
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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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-28-01

941/472-3121



DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

01 MAY -2 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0020159 AF

CR2E083 (11/00)