

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011735

1. Entity Name
U.S. INVESTMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 3:56

Principal Place of Business
4001 TAMiami TRAIL NORTH, STE. 265
NAPLES FL 34103

Mailing Address
4001 TAMiami TRAIL NORTH, STE. 265
NAPLES FL 34103



2. Principal Place of Business
4901 Tamiami Trail North

3. Mailing Address
4901 Tamiami Trail N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, FL 34103

City & State
Naples, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
34103

Country
Collier

Zip
34103

Country
Collier

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

U.S. INVESTOR SERVICES, INC.
4001 TAMiami TRAIL NORTH, STE. 265
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4901 Tamiami Trail North

City
Naples

FL

Zip Code
34103

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

2-28-01

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

(NOTE: Registered Agent signature required when reinstating)

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

70000388667
-03/20/01--01087--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GULF SHORE INVESTMENTS, INC.
4001 TAMiami TRAIL NORTH, STE. 265
NAPLES FL 34103 ☐ 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

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

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:

2-28-01 941-213-4099

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

Date

Daytime Phone #

CR2E083 (11/00)