2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011817

1. Entity Name
EVEREST INVEST OF CAPE CORAL, L.L.C.

FILED
01 JAN 16 AM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5254 ELM COURT CAPE CORAL FL 33914 new	5254 ELM COURT CAPE CORAL FL 33914 new

2. Principal Place of Business	3. Mailing Address
944 County Club	2310, SE 28th Street
Suite, Apt. #, etc. Blvd, Suite 204	Suite, Apt. #, etc. Cape Coral, FL
City & State Cape Coral, FL	City & State
Zip 33990 Country USA	Zip 33904 Country USA

4. FEI Number 65-1043001 ☐ 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
WRIGHT, CHRISTINE F ESQ 1105 CAPE CORAL PARKWAY, EAST, SUITE C CAPE CORAL FL 33904	Name Street Address (P.O. Box Number is Not Acceptable) 400003575224 1 -01/25/01--01038--005 *****50.00 *****50.00 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 _____ 01-09-01
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			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ZUPKE, WOLFGANG 5254 ELM COURT CAPE CORAL FL 33914	☐ Delete	ZUPKE WOLFGANG 2310 SE 28th Street Cape Coral, FL 33904	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BUSCHING FRED	☐ Delete	MEMBER BUSCHING FRED 2718 SW 46th Street Cape Coral FL 33914	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	MEMBER BUSCHING LORE 2718 SW 46th Street Cape Coral FL 33914	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (11/00)

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: _____ 01-09-01 -1-941-9805643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #