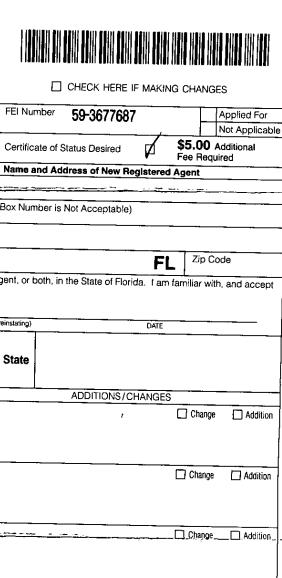
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000012263

ABBEYGATE, L.L.C.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90227 013 ****55.00



Principal Place of Business 5051 CASTELLO DR., STE. 224 NAPLES FL 34103		Mailing Address 5051 CASTELLO DR., STE, 224 NAPLES FL 34103				\\ \C\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
2. Principal	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number	59-367768	7		Applied For	
Zip	Country	Zip	Country		5. Certificate of	f Status Desired		\$5.00 A		
	6. Name and Address of Curr	ent Registered Agent	Registered Agent		7 Name and /	ddress of New R			irea	
				Name	r. Hame and)	rudress of New H	egistere	J Agent		
SKRIWAN, KENT A ESQ.										
801	izel Long Laurel oak drive, suite 70 PLES FL 34108	05	-		ss (P.O. Box Number	is Not Acceptable)	·			
				City			F	Zip Co	ode	
8. The above	named entity submits this statementions of registered agent.	t for the purpose of changing its	rogistoro	d office and						
the obligate	tions of registered agent. Signature, typed or printed name of registered ag				stered agent, or both,	in the State of Flor	ida. fan	n familiar with	n, and accept	
}							UAIE			
•		Make Check Payabi	le to Flo	EE IS \$50.00 rida Departm y 1, 2003	0 nent of State					
9.	MANAGING MEM									
TITLE	MGR	☐ Delete	10.		 	ADDITIONS/C	HANGE	<u>s</u>		
NAME -	COMBES, ANDREW W	La Delete	TITLE NAME			ı		Change	Addition	
STREET ADDRESS	26123 FAWNWOOD COURT			. I Danson					i	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		STREET ADDRESS . CITY-ST-ZIP						ľ	
TITLE			GHY-S	ST- ZIP					ŀ	
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44 11 1			CITY-ST-	ZIP						

I hereby certify that the information supplied with this fijing 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 rive 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 employered 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