

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000012482

1. Entity Name  
INDIAN RIVER NATIONAL REAL ESTATE, L.L.C.

FILED

01 FEB -7 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
958 20TH PLACE  
VERO BEACH FL 32960

Mailing Address  
958 20TH PLACE  
VERO BEACH FL 32960

2. Principal Place of Business  
958 20th Place

3. Mailing Address  
P. O. Box 1030

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Vero Beach, FL

City & State  
Vero Beach, FL

4. FEI Number  
65-1045617

Applied For  
Not Applicable

Zip Country  
32960 U.S.

Zip Country  
32961 U.S.

5. Certificate of Status Desired N/A \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HAFNER, TROY B ESQ.  
979 BEACHLAND BLVD.  
VERO BEACH FL 32963

## 7. Name and Address of New Registered Agent

Name N/A  
Street Address (P.O. Box Number is Not Acceptable)  
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 N/A  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William A. High 958 20th Place Vero Beach, FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles Bradley V.P./Chief Financial Ofr. "bank address"	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kimberly Bosnjak Secretary "bank address"	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003677576--9 -02/13/01--01098--013 *****50-00-*****50-00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

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

Date

Daytime Phone #

1-29-01 561-563-2300

CR2E083 (11/00)