APPRUYE

2001 UNIFORM BUSINESS REPORT (UBR)

2001	UNIFORM BUS	INESS	REPO	RT (UBR)	AND		21/200 21/200
DOCUN 1. Entity Name		00127	54	•	FILED	5 01	8 2
	URES XI, L.L.C.				OLMAY - I PM	5: 34	٦
					SECRETARY OF S TAULAHASSEE, FI	STATE LORIDA	
Principal Place		Mailing Add		· DIID #69			
533 S. HOWA TAMPA FL 33	RD AVE. #8. PMB#53 } 606	TAMPA FL	Ward Ave. # 33606	O. FMD#33	a conclusion and material and the Annie and	1 26 210 11 0 71 (880) A 1	IIII AIAE E AG I
2. Principal Place of Business 3. Mailing A			ddress		\$ 1001/011 E11 001/1 BAILL BAILL BAILL BAILL BAILL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt. #, etc. Suite, Apt			#, etc.		DO NOT WRITE IN THIS	SPACE	
City & State City & St		te		4. FEI Number 349 - 8010	Not A	lied For Applicable	
Zip	Country	Zip ;		Country	5. Certificate of Status Desired	\$5.00 Addition	onal
	6. Name and Address of Current	Registered Ag	ent	Name 1. (6	7. Name and Address of New Registered	Agent	
MULLIS. F	HAROLD W JR.			Name IVE			
101 E. KENNEDY BLVD., STE. 2700					ss (P.O. Box Number is Not Acceptable)		
TAMPA FL 33602				ans 4		Zin Gerde	
				CityTRA	FL	- 3386	
8. The above	named entity submits this statement for	or the purpose of	changing its	egistered office regis	stered agent, or both, in the State of Florida.		
SIGNATURE _	RIVERSON. S, VEC	nard	Mus	m/ RA	Lurad when reinstation) DATE		
	Signature, typed or printed name of registered agent	and title if applicable		Registered Agent signature requ	and the harden		
		Mak		Deble to Departmen			
9.	MANAGING MEMB	L ERS/MEMBERS		10.	ADDITIONS/CHANGES		6
TITLE	MGR	1; [☐ Delete	TITLE NAME		Chạnge	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	Leonard, Riverson S 533 S. Howard Ave. #8, PME Tampa Fl 33606	3#53		STREET ADDRESS CITY-ST-ZIP	· .		2E083 (
TITLE	1741117712 30000	† [Delete	TITLE			Addition C
NAME STREET ADDRESS				NAME STREET ADDRESS	100004275 -05/22/01	:581- 010240:	26
CITY-ST-ZIP			<u> </u>	CITY-ST-ZIP	****55.00	****	5 .00 — .
TITLE		·	Delete .	TITLE ;		Change	Addition
NAME STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP			7.00	CITY-ST-ZIP		Change	☐ Addition
TITLE NAME			∟ Delète	TITLE NAME	•	,	
STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP TITLE			☐ Delete	TITLE		☐ Change	Addition
NAME				NAME STREET ADDRESS		:	
STREET ADDRESS CITY-ST-ZIP	•	·		CITY-ST-ZIP	,	<u> </u>	
TITLE			☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS				NAME STREET ADDRESS		:	
CITY-ST-ZIP				CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied wit on this report is true and accurate an bility company or the receiver or truste	h this filing does that my signate empowered to	not qualify four ure shall have execute this	the exemption stated in the same legal effect as report as required by Cl	n Section 119.07(3)(i), Florida Statutes. I further of s if made under oath; that I am a managing memb hapter 608, Florida Statutes.	ertify that the info per or manager	ormation of the

TO OR PRINTED HAME OF SKONING MANAGING MEMBER, MAILAGER, OR AUTHORIZED REPLESENTATIVE

SIGNATURE:

7224009080