# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 24, 2001 08:00 AM**
**Secretary of State**

DOCUMENT # **L00000012854**

1. Entity Name
TRAPNER HOLDINGS LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 941 FOURTH STREET #200M | 941 FOURTH STREET #200M |
| MIAMI BEACH FL 33139 | MIAMI BEACH FL 33139 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ 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 |
|---|---|
| CORPORATE CREATIONS NETWORK INC.<br>941 FOURTH STREET #200M<br>MIAMI BEACH FL<br>33139 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ 04/24/2001
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 | MGR<br>PETERS SAMANTHA<br>941 FOURTH STREET #200M<br>MIAMI BEACH FL 33139 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>PETERS SAMANTHA MS<br>LA PETITE VALLETTE, SARK<br>CHANNEL ISLANDS UK | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>EATON CHRISTOPHER P<br>941 FOURTH STREET #200M<br>MIAMI BEACH FL 33139 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>EATON CHRISTOPHER PMR<br>TROLLABY HOUSE, TROLLABY LANE<br>UNION MILLS, ISLE OF MAN UK IM44AW | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>DONNELLY JOHN T<br>941 FOURTH STREET #200M<br>MIAMI BEACH FL 33139 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>DONNELLY JOHN TREVOR GMR<br>RUE DU MOULIN, SARK<br>CHANNEL ISLANDS UK | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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:** SAMANTHA PETERS MGR 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #