

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 23, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000012855**

1. Entity Name  
**FORTRESS OVERSEAS LLC**

Principal Place of Business 941 FOURTH STREET #200M MIAMI BEACH FL 33139	Mailing Address 941 FOURTH STREET #200M MIAMI BEACH FL 33139
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number  Applied For  
 Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.  
 941 FOURTH STREET #200M  
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name  
 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 \_\_\_\_\_ DATE **04/23/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS			
TITLE	MGR	<input checked="" type="checkbox"/> Delete	
NAME	PETERS SAMANTHA		
STREET ADDRESS	941 FOURTH STREET #200M		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
TITLE	MGR	<input type="checkbox"/> Delete	
NAME	EATON CHRISTOPHER P		
STREET ADDRESS	941 FOURTH STREET #200M		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
TITLE	MGR	<input type="checkbox"/> Delete	
NAME	DONNELLY JOHN T		
STREET ADDRESS	941 FOURTH STREET #200M		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

10. ADDITIONS / CHANGES			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAKLEY DANNY A		
STREET ADDRESS	CLOS DE BAS, RUE DU VALLETTE		
CITY-ST-ZIP	SARK, CHANNEL ISLANDS UK		
TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AVIS JACQUELINE AMS		
STREET ADDRESS	CLOS DE BAS, RUE DU VALLETTE		
CITY-ST-ZIP	SARK, CHANNEL ISLANDS UK		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:** Jacqueline Ann Avis **MGR** **04/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)