

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013256

1. Entity Name
928 BEACH ROAD, L.L.C.

FILED

01 MAR -5 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% 1031 REAL ESTATE EXCHANGE SERVICES, L.C. % 1031 REAL ESTATE EXCHANGE SERVICES, L.C.
695 TARPON BAY ROAD. #5 695 TARPON BAY ROAD. #5
SANIBEL FL 33957 SANIBEL FL 33957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 928 Beach Road Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State Sanibel FL		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip 33957	Country LEE	Zip	Country				

6. Name and Address of Current Registered Agent URKOVICH, RONALD S 2323 WOOSTER LANE, SUITE 2 SANIBEL FL 33957		7. Name and Address of New Registered Agent Name: David A. Owens Street Address (P.O. Box Number is Not Acceptable) 695 Tarpon Bay Rd. #5 City: Sanibel FL Zip Code: 33957	
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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: David A. Owens DATE: 2-6-01
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member David A. Owens 695 Tarpon Bay Rd #5 Sanibel FL 33957 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004035836--2 -04/20/01--01083--026 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: David A. Owens DATE: 2-6-01 DAYTIME PHONE #: 941-472-1439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)