

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013877

1. Entity Name
RIECK PROPERTIES, L.L.C.

FILED

01 APR -9 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
18600 LAKE BEND DR.
JUPITER FL 33458

Mailing Address
18600 LAKE BEND DR.
JUPITER FL 33458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18600 Lake Bend Dr.
Suite, Apt. #, etc.

3. Mailing Address
18600 Lake Bend Dr.
Suite, Apt. #, etc.

City & State
Jupiter, FL
Zip
33458

Country

City & State
Jupiter, FL
Zip
33458

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name Edward E Rieck III
Street Address (P.O. Box Number is Not Acceptable)
18600 Lake Bend Dr
City Jupiter FL Zip Code 33458

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 *Edward E Rieck III*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr 3, 2001

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

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	EDWARD E RIECK SR	622 BERKSHIRE DR.	Pittsburgh, Pa 15215	<input type="checkbox"/>
	Edward E RIECK III	18600 Lake BEND DR	Jupiter, FL 33458	<input type="checkbox"/>
	EDWARD E RIECK IV	18600 Lake Bend Dr	Jupiter, FL 33458	<input type="checkbox"/>
	Lexi Rieck	18600 Lake Bend Dr	Jupiter FL 33458	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Edward E Rieck III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

561-762-1409
3-30-2001

CR2E083 (11/00)