

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013924
 1. Entity Name
FLORIDA LAND TRUST SERVICES, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 SEP 27 AM 12:08

Principal Place of Business P.O. BOX 14776 BRADENTON FL 34280	Mailing Address P.O. BOX 14776 BRADENTON FL 34280
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2. Principal Place of Business P.O. Box 306 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 306 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Palmetto FL	City & State Palmetto, FL	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34220	Country USA	Zip 34220	Country USA

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

6. Name and Address of Current Registered Agent
CHEW, VICKI
 7711 2ND AVENUE NW
 BRADENTON FL 34280

7. Name and Address of New Registered Agent
 Name: Vicki Chew
 Street Address (P.O. Box Number is Not Acceptable): 5107 Palmetto Pt. Dr.
 City: Palmetto FL Zip Code: 34221

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: Vicki Chew Vicki Chew DATE: 9/24/01
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
 Due By September 26, 2001
 500004618445--8
 -10/01/01--01073--023
 *****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mgm
STREET ADDRESS	Vicki Chew
CITY-ST-ZIP	5107 Palmetto Pt. Dr. Palmetto, FL 34221

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: Vicki Chew SIGNATURE REQUIRER: Vicki Chew DATE: 9/24/01 DAYTIME PHONE #: 941-723-6674

STAPLE CHECK HERE

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