

2001 UNIFORM BUSINESS REPORT (UBR)

0020828 AF

DOCUMENT # L00000014261

1. Entity Name
RADIO FLYERS, LLC

FILED

01 FEB 22 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 801 LAUREL OAK DRIVE, SUITE 710 NAPLES FL 34108	Mailing Address 801 LAUREL OAK DRIVE, SUITE 710 NAPLES FL 34108
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2. Principal Place of Business 3200 Tamiami Trail N. Suite, Apt. #, etc. Suite 200 City & State Naples, FL	3. Mailing Address 3200 Tamiami Trail N. Suite, Apt. #, etc. Suite 200 City & State Naples, FL
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Zip 34103	Country Collier	Zip 34103	Country Collier
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4. FEI Number 65-1059890	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

WOODWARD, MARK J
801 LAUREL OAK DRIVE, SUITE 710
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3200 Tamiami Trail N., Suite 200
City
Naples FL Zip Code
34103

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOMBARDO, J. CHRISTOPHER 801 LAUREL OAK DRIVE, SUITE 710 NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3200 Tamiami Trail N., Suite 200 Naples, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Mark J. Woodward 656 16th Ave South Naples FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Monty Richards 365 Fifth Ave South Suite 101 Naples FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 [Signature] Date 2/2/01 Daytime Phone # (941) 566-3131

CR2E083 (11/00)