

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014806

1. Entity Name
CONLUKCA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 12:06



DO NOT WRITE IN THIS SPACE

Principal Place of Business 809 APPLETON AVE ORLANDO FL 32806	Mailing Address 809 APPLETON AVE ORLANDO FL 32806
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number N/A	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

**GENTRY, SCOTT
809 APPLETON AVE
ORLANDO FL 32806**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Member <i>Mgrm</i>	Chester C Fosgate Co	908 S Delaney Ave Orlando FL 32806	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900004618729-1 -10/01/01--01086-020 *****50.00 *****50.00				

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]* 09/26/01 407/422-3144

STAPLE CHECK HERE

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