

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90369 038 \*\*\*\*50.00

**DOCUMENT # L00000015718**

1. Entity Name

13856 LILY PAD CIRCLE, L.L.C.

Principal Place of Business

Mailing Address

13856 LILY PAD CIRCLE  
 FORT MYERS FL 33907

149 NORCROSS CIRCLE  
 TRENTON NJ 08619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ft. Myers FL

Suite, Apt. #, etc.

Trenton N.J.

City & State

City & State

Zip

33907

Country

USA

Zip

08619

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **14-5462866**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIPAOLA, ART  
 13856 LILY PAD CIRCLE  
 FORT MYERS FL 33907

Name **Art DiPaola**

Street Address (P.O. Box Number is Not Acceptable)

13856 Lily Pad Cir

Ft. Myers

City

FL

Zip Code

33907

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Art DiPaola*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-10-02

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE | NAME         | STREET ADDRESS      | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
|-------|--------------|---------------------|------------------|---------------------------------|
| MGRM  | DIPAOLA, ART | 149 NORCROSS CIRCLE | TRENTON NJ 08619 | <input type="checkbox"/>        |
|       |              |                     |                  | <input type="checkbox"/>        |
|       |              |                     |                  | <input type="checkbox"/>        |
|       |              |                     |                  | <input type="checkbox"/>        |
|       |              |                     |                  | <input type="checkbox"/>        |
|       |              |                     |                  | <input type="checkbox"/>        |

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

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: *Art DiPaola*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-10-02 609 203-1270

Date

Daytime Phone #

CR2E083 (4/02)