

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015871

1. Entity Name

SHORELINE PROPERTIES, L.L.C.

FILED

01 MAR -5 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 858 9TH AVE S 858 9TH AVE S
 NAPLES NAPLES
 FL 34102 FL 34102

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEREK S. CHORLTON
 858 9TH AVE S
 NAPLES
 FL 34102

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

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

(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

10. ADDITIONS/CHANGES

TITLE NAME Delete
 OPERATING MANAGER
 DEREK S. CHORLTON
 STREET ADDRESS
 858 9TH AVE S
 CITY-ST-ZIP
 NAPLES FL 34102

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 TREASURER
 MAUREEN V. CHORLTON
 STREET ADDRESS
 858 9TH AVE S
 CITY-ST-ZIP
 NAPLES FL 34102

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
 500004035755--5
 -04/20/01--01083--007
 *****50.00 *****50.00

TITLE NAME Delete
 SECRETARY
 MAUREEN V. CHORLTON
 STREET ADDRESS
 858 9TH AVE S
 CITY-ST-ZIP
 NAPLES FL 34102

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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: Derek S. Chorlton Manager

3.1.01. - 0202

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

Date

Daytime Phone #

941-213

CR2E083 (11/00)