

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L060000016082**

1. Entity Name

**ALLEN MUNRO, LLC**

**FILED**

**02 JUN 28 PM 4:50**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>4706 Montego Pointe Way</b> Suite, Apt. #, etc. <b>UNIT #202</b>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.	
City & State <b>Bonita Springs, FL</b>		City & State	
Zip <b>34134</b>	Country <b>U.S.</b>	Zip	Country

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IN THIS SPACE**

4. FEI Number <b>59-3693289</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**7. Name and Address of Current Registered Agent**

Name <b>MARC F. OATES, PA</b>
Street Address (P.O. Box Number is Not Acceptable) <b>10001 TAMiami TRAIL N., Ste 119</b>
City <b>Naples</b>
FL Zip Code <b>34108</b>

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

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <b>LARRY A. HAINES</b> <b>7756 Sewell Lane UNIT 101</b> <b>Naples, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500005599545--5</b> <b>-05/23/02--01005--020</b> <b>****300.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <b>NANCY M. Kelso</b> <b>3351 Creek View Drive</b> <b>Bonita Springs, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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: **Larry A. Haines** **6-25-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)