2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016087

1. Entity Name
BARTHELMESS FLORIDA, L.C.

FILED
2003 MAR 11 AM 11:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% BECKER & POLIAKOFF, P.A. 3003 TAMIAMI TRAIL NORTH, SUITE 210 NAPLES, FL 34103	% BECKER & POLIAKOFF, P.A. 3003 TAMIAMI TRAIL NORTH, SUITE 210 NAPLES, FL 34103

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
% SSI ACCOUNTING AND TAX SERVICE INC	**%SSI ACCOUNTING AND TAX SERVICE INC.**
Suite, Apt. #, etc. **1500 COLONIAL BLVD SUITE 235**	Suite, Apt. #, etc. **1500 COLONIAL BLVD SUITE 235**
City & State **FORT MYRS, FLORIDA**	City & State **FORT MYERS, FLORIDA**
Zip **33907** Country **LEE**	Zip **33907** Country **LEE**

4. FEI Number **65-1072760** ☐ 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
REUS, ALEXANDER ESQ. % BECKER & POLIAKOFF, P.A. 3003 TAMIAMI TRAIL NORTH, SUITE 210 NAPLES, FL 34103	Name: **SSI ACCOUNTING AND TAX SERVICE INC.** Street Address (P.O. Box Number is Not Acceptable) **1500 COLONIAL BLVD SUITE 235** City **FORT MYERS** **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: _____ **2.28.03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when executing) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BARCANA FLORIDA, INC. 3003 TAMIAMI TRAIL NORTH, SUITE 210 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**MGR** **BARCANA FLORIDA INC.** **%SSI ACCT+TAX SVC, 1500 COLONIAL BLVD #235** **FORT MYERS, FLORIDA 33907**	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100013912251 03/11/03--01022--010 **52.50	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: _____ **02.28.03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #