

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000016089**1. Entity Name
M & J CONDO, L.L.C.

Principal Place of Business 400 PARK SHORE DRIVE, #402 NAPLES FL 34103	Mailing Address 400 PARK SHORE DRIVE, #402 NAPLES FL 34103
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2. Principal Place of Business 400 PARK SHORE DRIVE Suite, Apt. #, etc. 402	3. Mailing Address 400 PARK SHORE DRIVE, Suite, Apt. #, etc. 402
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City & State NAPLES FL	City & State NAPLES FL	4. FEI Number 65-1064140	Applied For <input type="checkbox"/> Not Applicable
Zip 34103	Country	Zip 34103	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DUVAL SCOTT W 3838 TAMiami TRAIL NORTH, STE 402 NAPLES FL 34103 US		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 **02/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRIE ARTHUR C 400 PARK SHORE DR., #402 NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRIE ARTHUR C 400 PARK SHORE DR., #402 NAPLES FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Arthur C. Henrie MgMr 02/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)