


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-11-2003 90018 024 ****50.00

DOCUMENT # L01000000153					
1. Entity Name RP NORTHERN LIGHTS, LLC					
Principal Place of Business 12669 COCONUT CREEK COURT FORT MYERS FL 33908			Mailing Address 12669 COCONUT CREEK COURT FORT MYERS FL 33908		
2. Principal Place of Business 14610 SAGAMORE COURT Suite, Apt. #, etc.		3. Mailing Address 14610 SAGAMORE COURT Suite, Apt. #, etc.			
City & State FORT MYERS FL 33908		City & State FORT MYERS FL 33908		4. FEI Number 65-1081246 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33908 Country LEE		Zip 33908 Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAVIS, PATTI 12669 COCONUT CREEK COURT FORT MYERS FL 33908			7. Name and Address of New Registered Agent Name: PAVIS, PATTI Street Address (P.O. Box Number is Not Acceptable): 14610 SAGAMORE COURT City: FORT MYERS FL Zip Code: 33908		
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: <u>Patti Pavis</u> DATE: <u>4-8-03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM PAVIS, PATTI 12669 COCONUT CREEK CT FORT MYERS FL 33902	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PAVIS, PATTI 14610 SAGAMORE COURT FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANSECK, RON 12669 COCONUT CREEK CT FORT MYERS FL 33902	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANSECK, RON 14610 SAGAMORE COURT FORT MYERS, FL 33908	<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
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: <u>Patti Pavis</u> REQUIRE PAVIS			239 437-9858 4-8-03		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

CR2E083 (10/02)