4/1

2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 01, 2002 8:00 am Secretary of State

is county its	UMENT # LO1000 DA BAY AT GRANDE (AK) LI	-	J	04-16-2002	2 90068 050 ***	**50.00	
Principal Place of Business Mailing Address				_			
3200 BAILEY LANE, STE. 117 NAPLES FL 34105		3200 BAILEY LANE. STE. 117 NAPLES FL 34105			95850		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & St	ate	City & State	<del></del>	4. FEI Number		Applied For	
Zip	Country	Zip	Country	65-107573	\$5.00 ·	Not Applicab	
	6. Name and Address of Current F	legistered Agent	<del></del>	Certificate of Status Desired     Name and Address of New Re	Fee Requir		
PR 264 NA	TICE, R. SCOTP ESQ.  TICE, SIRET, SOLIS & NOVATT  40 GOLDEN GATE PKWY., STE. 115  PLES FL 34165  e named entity subdisciples statement for		City	Show Passidor is (P.O. Box Number is Not Acceptable)  321 5+h  tered agent, or both, in the State of Flori	NQS.# FL 型空	201 Solf	
SIGNATURE	Signature, typed of printed name of registered agent an	FILE N	TE Registered Agent signature requirements  EWITT FEE IS \$50.00  EYable to Department	Description of the second	DATE / 129	yor_	
9.	MANAGING MEMBER	1 " 3 "	e By May 1, 2002				
TITLE	MGR SHEPHERD, NICHOL 3200 BATLEY LN #11 NAPLES, FL34105	☐ Defete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/C	HANGES Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP_		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Delete _	. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
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<ol> <li>I hereby ce indicated c limited liab</li> </ol>	ertify that the information supplied with this on this report is true and accurate and that fillity company or the receiver or tryans arm	filing does not qualify for the my signature shall have the powered to execute this re-	the exemption stated in Se- ne same legal effect as if me aport as required by Chant	ction 119.07(3)(i), Florida Statutes. I furnade under oath; that I am a managing	her certify that the infi member or manager	ormation of the	