

2002 UNIFORM BUSINESS REPORT (UBR)

FILED 1000001504

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DOCUMENT # L01000001504

1. Entity Name

ARILAND GROUP, L.L.C.

Surcoast Diversified Developers, L.L.C. Name Changed 12/26/01

02 MAR 25 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2655 MCCORMICK DRIVE, SUITE 200 CLEARWATER FL 33759	Mailing Address 2655 MCCORMICK DRIVE, SUITE 200 CLEARWATER FL 33759
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71222



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3707195	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TEW, JOEL R 2655 MCCORMICK DRIVE, SUITE 200 CLEARWATER FL 33759		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

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-02/26/02--01015--010

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONAL CHANGES *****50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRICK, ANDREW G II 3072 HAMPTON COURT CLEARWATER FL 33781 <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

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: Andrew G. Irick, II 2/20/02 727-799-2892

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

CR2E083 (9/01)