

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90832 001 ***100.00

DOCUMENT # L01000001818

1. Entity Name

FORT WALTON INVESTMENT GROUP, L.L.C.

Principal Place of Business

**4423 DUFFER LOOP
 SEBRING FL 33872**

Mailing Address

**4423 DUFFER LOOP
 SEBRING FL 33872**

2. Principal Place of Business

1112 Hospital Rd.

Suite, Apt. #, etc.
Suite B

City & State

Ft. Walton Beach, FL

Zip
32547

Country
USA

3. Mailing Address

1112 Hospital Rd.

Suite, Apt. #, etc.
Suite B

City & State

Ft. Walton Beach, FL

Zip
32547

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **1076390**
65-1007615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FREUDENBERGER, KEITH
 4423 DUFFER LOOP
 SEBRING FL 33872**

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

1112 Hospital Rd., Suite B

City

Ft. Walton Beach,

FL

Zip Code

32547

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/02

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

9. MANAGING MEMBERS/MANAGERS

TITLE **Manager** ☐ Delete
 NAME **Keith Freudenberger**
 STREET ADDRESS **1112 Hospital Rd, Suite B**
 CITY-ST-ZIP **Ft. Walton Beach, FL 32547**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/3/02

CR2E083 (9/01)