## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100001892

## PRUETT INVESTMENTS, LLC

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**FILED** Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90111 044 \*\*\*\*50.00

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Sulide, Apt. #, ofc.   City & State  City &	3801 BEE RIDGE ROAD SUITE 8		3801 BEE RIDGE ROAD SUITE 8		
City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  S5.00 Additional  Fee Requiside  Fee Requiside  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Na	2. Principal P	lace of Business	3. Mailing Address		T (CONTRACT AND CONTO,
County   Zip   County   Zip   County   S. Certificate of Status Desired   S. S. Consideration   Fee Plaquised   Fee Plaquise	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
File ROW!  9. MANAGING MEMBERS MANAGERS  MAR PRUETT, BRIAN J 4917 OLD CREEK DRIVE SARASOTA FL 34233  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent are too in registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent are too in registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in the State of Florida.  I me file Most orbigators of registered agent, or both, in the State of Florida Department of State Department of State Department of State	City & State		City & State		4. FEI Number 65-1074042 Applied For Not Applicable
PRUETT, BRIAN J 4917 OLD CREEK DRIVE SARASOTA FL 34233  Enter above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both in the State of Florida. I am familiar with, and accept the obligators of Florida Dela State of Florida. I am familiar with, and accept the obligators of Florida Dela S	Zip	Country	Zip	Country	
PRUETT, BRIAN J 4917 OLD CREEK DRIVE SARASOTA FL 34233  8. The above harmed 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    City   FL   Zp Code		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
### Additions (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	DD11	ETT DDIAM I		Name	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Signature, 1ythed or printed name of registered agent and life if appointment.  PILE 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  CITY-S1-2P  PRUETT, BRIAN J  301 BEE RIDGE RD #8  SARASOTA FL 34233  TITLE  MGR  MGR  Delate  MGR  Delate  TITLE  NAME  SIREET ADDRESS  CITY-S1-2P  TITLE  NAME  SIREET ADDRESS  SIREET ADDRESS  CITY-S1-2P  TITLE  NAME  SIREET ADDRESS  SIREET ADDR	4917	OLD CREEK DRIVE		Street Address	s (P.O. Box Number is Not Acceptable)
B. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and life if approaches. (NOTE: Registered Agent eighneuro readles) when remotating)   DATE	SAR	ASUIA FL 34233			
THE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREE				City	FL Zip Code
Price   Pric			or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
Make Check Payable to Florida Department of State Due By May 1, 2003    Make Check Payable to Florida Department of State Due By May 1, 2003    Make Check Payable to Florida Department of State Due By May 1, 2003    Make Check Payable to Florida Department of State Due By May 1, 2003    Make Check Payable to Florida Department of State Due By May 1, 2003    Make Check Payable to Florida Department of State Due By May 1, 2003    Make Check Payable to Florida Department of State Due By May 1, 2003    Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to May 2, 2003   Make Payable to May 2, 2003   Make Check Payable to May 2, 2003   Make Check Payable to May 2, 2003   Make Payable to May 2, 2003   Make Check Payable to May 2, 2003   Make Payable to May 2, 2003   Make Check Payable to Make 2, 2003   Make Check Payable to Make 2, 2003   Make Check Payable to Make 2, 2003   Make 2, 2003   Make 2, 2003   Make 2, 2003   M	SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOTI	E: Registered Agent signature requir	ifed when reinstating) DATE
MGR PRUETT, BRIAN J 3801 BEE RIDGE RD #8 STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z			Make Check Payab	le to Florida Departm	1
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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	NAME STREET ADDRESS CITY-ST-ZIP			NAME Street Address City-St-Zip	

indicated on this report is true and accurate and traying signature shall have the same legal effect as if made under oath; that I am a manager of the limited liability company or the receiver or trusted epipowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE