

FILED
Feb 24, 2002 8:00 am
Secretary of State

01-23-2002 90046 006 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002396

1. Entity Name
BANTOCK ENTERPRISES II, L.L.C.

Principal Place of Business
**2531 EAST MILMAR DRIVE
SARASOTA FL 34237**

Mailing Address
**2531 EAST MILMAR DRIVE
SARASOTA FL 34237**

13760



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4006 DOINCIAN CT

3. Mailing Address
4006 DOINCIAN CT

City & State
DALTON HARBOUR, FL

City & State
DALTON HARBOUR, FL

Zip
34664

Country
USA

Zip
34664

Country
USA

4. FEI Number **59-3738591**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BANTOCK, RICHARD
2531 EAST MILMAR DRIVE
SARASOTA FL 34237**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Richard Bantock 4006 Doincian Ct Dalton Harb
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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CR2E083 (9/01)

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: **SIGNATURE REQUIRED** **1/1/02** **727 781-1192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #