## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am § Secretary of State DOCUMENT # L01000002456 05-22-2002 90226 045 \*\*\*\*50.00 GROUP SEVEN HOLDINGS, LLC Principal Place of Business Mailing Address 2814 TAMIAMI TRAIL NORTH 2614 TAMIAMI TRAIL NORTH NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address POBOX 960 Ce51 Third Street South Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 60-000123 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent PRICE R-SCOTT ESQ. PRICE, SIKET, SOLIS & NOVATT, LLP Number is Not Acceptable). Son + Johnson 2640 GOLDEN GATE PKWY., STE. 115 South NAPLES FL 34105 City 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. O (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE 💹 Delete TITLE ☐ Change ☐ Addition (9/04 NAME REDDICK DEVELOPMENT GROUP, INC. NAME STREET ADDRESS 2614 TAMIAMI TRAIL NORTH - AR AR STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP TITLE MEM ☐ Delete TITLE ☐ Change Addition NAME CHERNEY, EDWARD TRUSTEE NAME STREET ADDRESS 366 GREENWOOD ST. STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM MI 48009** CITY-ST-ZIP TITLE mem Delete TITLE Addition NAME Aragon Development Group Finc. NAME STREET ADDRESS PO BOX 960 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP aples FL 34106-0960 Delete TITLE NAME Reddick William, R NAME STREET ADDRESS STREET ADDRESS PO BOX 960 CITY-ST-ZIP CITY-ST-ZIP 34106-0960 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.