

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90011 040 \*\*\*\*50.00

DOCUMENT # **L01000002802**

1. Entity Name

**FUBN L.L.C.**

**DO NOT WRITE IN THIS SPACE**

**954161**

2. Principal Place of Business

**12922 YACHT CLUB PLACE**

Suite, Apt. #, etc.

3. Mailing Address

**12922 YACHT CLUB PLACE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**CONIEZ FL**

City & State

**CONIEZ FL**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

**34215**

Country

**USA**

Zip

**34215**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **JOHN L. CONTE**

Street Address (P.O. Box Number is Not Acceptable) **12922 YACHT CLUB PLACE**

City **CONIEZ**

**FL**

Zip Code **34215**

**DO NOT WRITE  
IN THIS SPACE**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER**  
NAME **JOHN L. CONTE**  
STREET ADDRESS **12922 YACHT CLUB PLACE**  
CITY-ST-ZIP **CONIEZ FL 34215**

TITLE **MANAGER**  
NAME **DAVID ALDERSON**  
STREET ADDRESS **12902 YACHT CLUB PLACE**  
CITY-ST-ZIP **CONIEZ FL 34215**

TITLE **MANAGER**  
NAME **BOB MCNALLY**  
STREET ADDRESS **5608 GOLF DRIVE**  
CITY-ST-ZIP **HOLMES BEACH, FL 34217**

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

CR2E083B (12/01)