

05-29-2003 90028 041 \*\*\*\*50.00

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

10106209

<b>DOCUMENT # L01000004217</b> 1. Entry Name <b>DOREST INVESTMENTS, LLC</b>		
Principal Place of Business 11590 SHIPWATCH DR #845 LARGO, FL 33774		Mailing Address 11590 SHIPWATCH DR #845 LARGO, FL 33774
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent  <b>HEPLER, ERNEST M</b> 11690 SHIPWATCH DR #845 LARGO, FL 33774		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. The above named entry 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. SIGNATURE: _____ DATE: _____ <small>Signature, title or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature Required when transferring)</small>		
FILE NOW!! FEE IS \$40.00 Made Check Payable to Florida Department of State Due by May 15, 2003		
9. MANAGING MEMBERS / MANAGERS <input type="checkbox"/> Delete		10. ADDITIONS/CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>HEPLER, ERNEST M</b> 11690 SHIPWATCH DR #845 LARGO, FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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 806, Florida Statutes.		
SIGNATURE: <u>Ernest M. Hepler</u> <small>SIGNATURE AND TITLE ON PRINTED NAME OF REGISTERED MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>4/28/03</u> 727-596-7894

ckff  
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CR-2003 (1/02)