

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90232 046 \*\*\*\*50.00

**DOCUMENT # L01000004847**

1. Entity Name  
**INDIANA INVESTMENTS LLC**



Principal Place of Business  
**1220 CASTLEPORT ROAD  
WINTER GARDEN FL 34787**

Mailing Address  
**1220 CASTLEPORT ROAD  
WINTER GARDEN FL 34787**

2. Principal Place of Business  
**12816 LAKE SAWYER LANE**  
Suite, Apt. #, etc.

3. Mailing Address  
**12816 LAKE SAWYER LANE**  
Suite, Apt. #, etc.

City & State  
**WINDERMERE FL**  
Zip  
**34786**  
Country  
**USA**

City & State  
**WINDERMERE FL**  
Zip  
**34786**  
Country  
**USA**

4. FEI Number **59-3713641**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLLAND, CHRISTOPHER  
1220 CASTLEPORT ROAD  
WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name  
**CHRISTOPHER HOLLAND**

Street Address (P.O. Box Number is Not Acceptable)

**12816 LAKE SAWYER LANE**

City  
**WINDERMERE** FL Zip Code  
**34786**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4-11-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
**MGRM** ☒ Delete  
NAME  
**HOLLAND, CHRISTOPHER**  
STREET ADDRESS  
**1220 CASTLEPORT RD**  
CITY-ST-ZIP  
**WINTER GARDEN FL 34787**

TITLE  
**MGRM** ☒ Delete  
NAME  
**BROWN, ABIGAL**  
STREET ADDRESS  
**1220 CASTLEPORT RD**  
CITY-ST-ZIP  
**WINTER GARDEN FL 34787**

TITLE  
**MGRM** ☐ Delete  
NAME  
**HOLLAND, CHRISTOPHER**  
STREET ADDRESS  
**12816 LAKE SAWYER LANE**  
CITY-ST-ZIP  
**WINDERMERE FL 34786**

TITLE  
**MGRM** ☐ Delete  
NAME  
**HOLLAND, ABIGAIL**  
STREET ADDRESS  
**12816 LAKE SAWYER LANE**  
CITY-ST-ZIP  
**WINDERMERE FL 34786**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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]* **SIGNATURE REQUIRED**

**4-11-03**

**407 905 5245**

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

Date

Daytime Phone #

CR2E083 (10/02)