

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-16-2002 90245 042 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LO1000006458

1. Entity Name

GAMBLE PROPERTIES, L.L.C.

Principal Place of Business

2101 CANTU COURT
SARASOTA FL 34242

Mailing Address

2101 CANTU COURT
SARASOTA FL 34242

1355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1100746

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Zip
34232

Country

Zip
34232

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOERR, KENNETH D
240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	John Gamble	
STREET ADDRESS	2101 Cantu Ct.	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	William J. Gamble, IV	
STREET ADDRESS	2101 Cantu Ct.	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Karen L. Gamble	
STREET ADDRESS	2101 Cantu Ct.	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Amie m. Hiltbrand	
STREET ADDRESS	2101 cantu Ct.	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: SIGNATURE REQUIRED

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

TENARD MOORE

Date

1/11/02

Daytime Phone #

941-377-6777

CFR2E083 (9/01)