

04-30-2002 90033 016 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006530

1. Entity Name

SANNEMAN FAMILY LLC

Principal Place of Business
**4080 ARROWOOD COURT
 BONITA SPRINGS FL 34134-0754**

Mailing Address
**4080 ARROWOOD COURT
 BONITA SPRINGS FL 34134-0754**

945786



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. FCI Number

31-1789463

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANNEMAN, DONALD L
 4080 ARROWOOD COURT
 BONITA SPRINGS FL 34134-0754**

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 the 7 asterisks.)

(NOTE: Registered Agent signature required when remaining.)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
MGR	SANNEMAN, DONALD L	4080 ARROWOOD COURT	BONITA SPRINGS FL 34134-0754	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 600, Florida Statutes.

SIGNATURE:

DONALD L SANNEMAN

4/19/02

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

Date

Daytime Phone #