

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90084 048 ****50.00

DOCUMENT # L01000009132

1. Entity Name
FAE DEVELOPMENT, L.L.C.



Principal Place of Business

C/O ANTHONY M. LAWHON
3431 PINE RIDGE ROAD, SUITE 101
NAPLES FL 33109

Mailing Address

C/O ANTHONY M. LAWHON
3431 PINE RIDGE ROAD, SUITE 101
NAPLES FL 33109

2. Principal Place of Business

492 PINE AVENUE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 11448

Suite, Apt. #, etc.

City & State

NAPLES

City & State

NAPLES

Zip

FL 34108

Country

U.S.

Zip

FL 34101

Country

U.S.

4. FEI Number **65-1114130**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAWHON, ANTHONY M
C/O PARRISH, WHITE & LAWHON, P.A.
3431 PINE RIDGE ROAD, SUITE 101
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name **ROGER H. FINE**

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

492 PINE AVENUE

City **NAPLES**

FL

Zip Code

34108

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

ROGER H FINE *Rog H Fine*

4/25/03

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ELDRIDGE, TIMOTHY O**
STREET ADDRESS **3431 PINE RIDGE ROAD, SUITE 101**
CITY-ST-ZIP **NAPLES FL 3410-9**

TITLE **REGISTERED AGENT MGR** ☐ Delete
NAME **ROGER H FINE**
STREET ADDRESS **492 PINE AVENUE**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☐ Addition
NAME **ELDRIDGE, TIMOTHY O**
STREET ADDRESS **2458825 WORTHINGTON CIRCLE**
CITY-ST-ZIP **INDIANAPOLIS IN 46278**

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Rog H Fine **ROGER H FINE MGR MEMBER 4/25/03 (239) 513-9833**

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

Date

Daytime Phone #

CR2E083 (10/02)