

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90295 004 ****50.00

DOCUMENT # L01000010702

1. Entity Name
FERKING FAMILY LLC

Principal Place of Business
**1707 E. MICHIGAN AVE.
 ORLANDO FL 32806**

Mailing Address
**1707 E. MICHIGAN AVE.
 ORLANDO FL 32806**

955097



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3728101

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FLICK, JAMES J
 3117 EDGEWATER DR.
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name
James J. Flicke
 Street Address (P.O. Box Number is Not Acceptable)
608 E. Central Boulevard
 City
Orlando FL Zip Code
32801

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Manager	Carl R. Ferking	1707 E. Michigan Ave	Orlando, FL 32806		
Manager	Rheba J. Ferking	1707 E. Michigan Ave.	Orlando, FL 32806		

CR2E083 (9/01)

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: **Rheba J. Ferking**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4/22/02**

Daytime Phone #