LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State

DOCUMENT# / O / O O O O O O				05-01-2002 91552 007 ****50.00	
1. Entity Name					
Full House Development, L.L.C.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2133 Pcriwinkk Wiff Por Rox 4			416		
Suite, Apt. #, etc. Suite, Apt. #, etc.			, · ·	DO NOT, WRITE IN THIS SPA	CE
SAN	IBCLIFC !	SHNIBE(. IFC	1. FEI Number 21N) 65 1134688	Applied For Not Applicable
3399	57 33557	33957	Country LEE		.00 Additional Required
7. Name and Address of Current Registered Agent					
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)					,
IN THIS SPACE 2133 PERIWINKLE WAY					
CitySANIBEL FL Zip Code 73957					
8. The above named enfity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE Signature Typed of printed name of registered agent and title if applicable.					
FEE IS \$50,000					
Make Check Payable to Department of State DUE BY MAY 1					
9. TITLE	MANAGING MEMBERS				
NAME	MANAGING MEMBER ALANS. WORTZEL		UVCs		CRZE083B (1201
CITY-ST-ZIP	2133 Periniakle NAY SANIBELIFE 3395.	40 BOX 416	STRUT ADDRESS CTY_ST-ZP Bill		83B
TITLE	MEMBER'		nite		2E0
NAME STREET ADDRESS	DAMELY T. WORTZO	AD BOXY16	NAME: STREET ADDRESS:		ប៊
CITY+ST+ZIP	SANIBEL, FL 33957		OUGSEAR		
TITLE NAME	_ ′		TITE NAME		
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TITLE			07/53/202 07/6		
NAME.			NATE:	IN THIS SPACE	=
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CITY-ST-ZIP		gara s	CIVESTOR:		
NAME		<u>4_</u>	NAME:		
STREET ADDRESS CITY+ST+ZIP			STREE ADDRESS CITY STEZIP		
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: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
1	SIGNATURE AND TYPED OR PRINTED NAME OF SK	Jeres Harring Member, Man	AGER, OR AUTHORIZED REPRESE	ntative Date Dayin	ne Phone #