

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90355 019 \*\*\*\*\*50.00

**DOCUMENT # L01000013065**

1. Entity Name

**ASSET PROTECTION TRUST, L.L.C.**

Principal Place of Business

270 WEYMONT COURT, SUITE 110  
LAKE MARY FL 32748

Mailing Address

270 WEYMONT COURT, SUITE 110  
LAKE MARY FL 32748

2. Principal Place of Business

*Asset Protection Trust, LLC*

3. Mailing Address

*Asset Protection Trust, LLC*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*1040 Bayview Dr. Ste 407**1040 Bayview Dr. Ste 407*

City &amp; State

City &amp; State

*Ft. Lauderdale, FL**Ft. Lauderdale, FL*

Zip

Zip

*33304**33304*

Country

Country

*Broward**Broward*

DO NOT WRITE IN THIS SPACE

4. FEE Number

*593737967*

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MANJI, MEHBUB**  
**270 WEYMONT COURT, SUITE 110**  
**LAKE MARY FL 32748**

7. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-14-02*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **MANJI, MEHBUB**  
 STREET ADDRESS **270 WEYMONT COURT, SUITE 110**  
 CITY-ST-ZIP **LAKE MARY FL 32748**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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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: *X*

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

Date

Daytime Phone #

CR2E083 (9/01)