APPROVE

## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000013377 1. Entity Name 02 FEB 15 PM 3: 24 **GUARDIAN VENETIAN BAY HOLDINGS, LLC** SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1551 SANDSPUR ROAD 1551 SANDSPUR ROAD MAITLAND FL 32751 MAITLAND FL 32751 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALTER, BERRRY J JR., ESQ Street Address (P.O. Box Number is Not Acceptable) C/O WALKER & TUDHOPE, P.A. 235 MAITLAND AVE. SUTH, SUITE 216 MAITLAND FL 32751 Zip Code City FL 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) FILE NOW!!! FEE IS \$50.00 900004946339--2 Make Check Payable to Department of State -02/18/02--01023--004 Due By May 1, 2002 \*\*\*\*\*50.00 \*\*\*\*50.00 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR TITLE ☐ Delete TITLE plan Ginsburg and Harriet GUARDIAN EQUITIES, INC. NAME NAME 1551 SAMBSPUT RD STREET ADDRESS STREET ADDRESS 1551 SANDSPUR ROAD CITY-ST-ZIP MAITLAND, PL 32751 CITY-ST-ZIP MAITLAND FL 32751 dition nembe Change TITLE ☐ Delete TITLE LOUIS P. SHASSIAN RD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE SCIAMINOAST NAME NAME SCIAMINO PRIOCABLE ANDSPUT KD ANDSPUT KD ANDSPUT KD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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2/13/02

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