

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000013532

FILED
Mar 25, 2002 8:00 AM
Secretary of State

Entity Name: LACROSSE FAMILY LLC

Current Principal Place of Business:

4308 AZEELE STREET
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4308 AZEELE STREET
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3737862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LA CROSSE, DOUGLAS W
4308 AZEELE STREET
TAMPA, FL 33609

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: PESCE, KAREN L MRS.
Address: 4308 AZEELE STREET
City-St-Zip: TAMPA, FL 33609 US

Title: MGRM () Change (X) Addition
Name: LACROSSE, DOUGLAS W MR.
Address: 3303 MORRISON AVE.
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM () Change (X) Addition
Name: LACROSSE, WILLIAM W MR.
Address: 115 COLRIDGE CT.
City-St-Zip: ALPHARETTA, GA 30201 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DOUGLAS W. LACROSSE

MGRM

03/25/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date