

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014491

1. Entity Name

RUBICONDO, L.L.C.

Principal Place of Business

1113 SOUTHEAST 47TH. STE. 4
CAPE CORAL FL 33904

Mailing Address

1113 SOUTHEAST 47TH. STE. 4
CAPE CORAL FL 33904

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1133209

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
Darrin R. Schutt, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Suite C
1105 Cape Coral Parkway East
City
Cape Coral FL Zip Code
33904

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. I am familiar with, and accept the obligation of registered agent.

SIGNATURE

Darrin R. Schutt

7-11-02

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROEMER, HANS-JOSEF
1113 SOUTHEAST 47TH, STE. 4
CAPE CORAL FL 33904

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KOEHLER, ERNST
1113 SOUTHEAST 47TH, STE. 4
CAPE CORAL FL 33904

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED

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

07/18/02

Date

(239) 540-1000

Daytime Phone #

FILED

Aug 06, 2002 8:00 am
Secretary of State

07-30-2002 90001 014 ****50.00

DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)