

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90011 016 ****50.00

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DOCUMENT # L01000016643
 1. Entity Name
BROADWAY OF NAPLES, LLC

| | |
|---|---|
| Principal Place of Business 1236 POCANTICO LANE NAPLES FL 34110 | Mailing Address 1236 POCANTICO LANE NAPLES FL 34110 |
|---|---|

| | |
|--------------------------------|---------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address P.O. Box 110175 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. NAPLES |
| City & State | City & State NAPLES FL. |
| Zip | Zip 34108 |
| Country | Country COLLIER |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LAWSON, LINDA A
866 99TH AVE. NORTH, STE. 1
NAPLES FL 34108

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]* (NOTE: Registered Agent signature required when reinstating) DATE

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

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PAYNE, MACK W 1236 POCANTICO LANE NAPLES FL 34110 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PAYNE, JOHN W 1236 POCANTICO LANE NAPLES FL 34110 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: 1/7/02 941-566-2248

CR2E083 (9/01)