4/3

FILED
May 27, 2002 8:00 am
Secretary of State
04-30-2002 90117 040 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016725

1. Entity Name
FLORIDA GULF PROPERTY I, LLC

Principal Place of Business	Mailing Address
C/O THIES PICKENPACK 25130 RIDGE OAK DR. BONITA SPRINGS FL 34134	C/O THIES PICKENPACK 25130 RIDGE OAK DR. BONITA SPRINGS FL 34134

EC479

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6947 Verde Way	6947 Verde Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples, FL
Zip: 34108 Country: USA	Zip: 34108 Country: USA

4. FEI Number 52-2347399 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PICKENPACK, THIES
25130 RIDGE OAK DR.
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent
Name: Pickenpack, Thies
Street Address (P.O. Box Number is Not Acceptable): 6947 Verde Way
City: Naples FL Zip Code: 34108

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: T. Pickenpack Thies Pickenpack DATE: 4-19-02
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
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	President Thies Pickenpack 6947 Verde Way Naples FL. 34108 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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: T. Pickenpack Thies Pickenpack 4-19-02 239-592-7303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #