

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90078 039 ****50.00

0061836

DOCUMENT # L01000017850

1. Entity Name
SECTION 32, L.L.C.



Principal Place of Business
**2750 TRAIL DAIRY CIRCLE
NORTH FORT MYERS FL 33918**

Mailing Address
**2750 TRAIL DAIRY CIRCLE
NORTH FORT MYERS FL 33918**



CHECK HERE IF MAKING CHANGES

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-1115753 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FALLACARA, BARBARA L
2750 TRAIL DAIRY CIRCLE
NORTH FORT MYERS FL 33918**

| | |
|--|----------|
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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 Florida Department of State
Due By May 1, 2003

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CLEMONS, NORMAN F 2750 TRAIL DAIRY CIRCLE NORTH FORT MYERS FL 33918 <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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| 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 |

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:

Barbara L Fallacara, Trustee

4/11/03

239-334-8092

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

Date

Daytime Phone #

CR2E083 (10/02)