## 2002 UNIFORM BUSINESS REPORT (UBB) DOCUMENT # L01000018932

## FILED Jun 05, 2002 8:00 am Secretary of State 05-15-2002 90134 021 \*\*\*\*50.00

1. Entity Na								
LIDEN	TY TOWN HOMES, LLC	•	•	•				
Principal Pir	ace of Business	Mailing Address	<u> </u>	_				
2248 FIRST STREET FT. MYERS FL 33901		-2240-FIRST-STREET						
i. micho i	rt 33301	FT_MYERS_FL_23901	i !		· + <del></del>	A . 18		
. Principal	I Place of Business	3. Mailing Address			Par <b>eg</b> ada ilani adam <b>eg</b> ani adam g	1878) (1881 (1882 /8)	10 (1) 14 (1) 14 (1)	
		P.O. BO	x 60912		oly georgy oppiv ärniv ordev bright i			
Sulte, Ap		Suite, Apt. #, etc.	•		DO NOT WRITE IN T	HIS SPACE		
City & Sta	ate	City & State Fort My	ers FL	4. FEI Number	909 03	<del></del>	Applied For	
Zip -	Country	33906	Country USA-	-74: -13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Status Desired	\$5.00 A Fee Regui	dditional	
6. Name and Address of Current Registered Agent			1	7. Name and A	ddress of New Register		180	
	NESETT, RICHARD W		Name Street Address	so /B.O. S		<u> </u>		
2248 FIRST STREET FT. MYERS FL 33901			A Street Address	Street Address (P.O. Box Number is Not Acceptable)				
The micha FL 33901		City						
The above named entity submits this statement for the purpose of changing its re			- 4	<del></del>	_	FL Zip Co	de 	
IIIO ALCOVO	e named entity submits this statement	for the purpose of changing its	registered office or regis	stered agent, or both,	in the State of Florida.		-	
			1					
	Signature, typed or printed name of registered ag	ent and trde if applicable. (NOTE	1	Jired when reinstating)	DA:	tc	<u></u>	
	Signature, typed or printed name of registered ag-	<del></del>	Registered Agent signature requirements (Section 2017)		DA'	TE	···	
	Signature, typed or printed name of registered agr	FILE NO Make Check Pay	Pegistered Agent signature requirements  W!!! FEE [8 \$50.0 yable to Department]	0	DA*	TE	····	
IGNATURE	Signature, typed or printed name of registered agr	FILE NO Make Check Pay Due	DWIII FEE IS \$50.0 yable to Department By May 1, 2002	0				
IGNATURE	Signature, typed or printed name of registered agr	FILE NO Make Check Pay Due	DW!!! FEE IS \$50.0 yable to Department By May 1, 2002	0	ADDITIONS/CHANC		Addillon	
IGNATURE LE ME	Signature, typed or printed name of registered agr	FILE NO Make Check Pay Due	DW!!! FEE IS \$50.0 yable to Department By May 1, 2002	0		GES	Addition	
GNATURE  LE  ME  REET ADDRESS Y-ST-ZIP	MANAGING MEMI MEMBER 14 A. H.  JIMBER 14 A. H.  JULY PRESTULE	FILE NO Make Check Pay Due BERS/MANAGERS  OSCHAY  CK Court  ers Fr 33903	DW!!! FEE IS \$50.0 yable to Department By May 1, 2002	0		GES	Addition	
IGNATURE  LE  ME  REET ADDRESS Y-ST-ZIP  LE	MANAGING MEMI MEMBER 14 A. H.  JIMBER 14 A. H.  JULY PRESTULE	BERS/MANAGERS  OSCHAY  CK Court	DW!!! FEE IB \$50.0 yable to Department By May 1, 2002	0		GES	Addition	
LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	MANAGING MEMI MEMBER 14 A. H.  JIMBER 14 A. H.  JULY PRESTULE	FILE NO Make Check Pay Due BERS/MANAGERS  OSCHAY  CK Court  ers Fr 33903	Registered Agent signature requirements OW!!! FEE IB \$50.0 yable to Department By May 1, 2002  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	0		GES Change		
IGNATURE  LE  ME  REET ADORESS Y-ST-ZIP  LE  ME  REET ADORESS Y-ST-ZIP	MANAGING MEMI MEMBER 14 A. H.  JIMBER 14 A. H.  JULY PRESTULE	FILE NO Make Check Pay Due BERS/MANAGERS  OSCHAY  CK Court  ers Fr 33903	Pegistered Agent signature requirements of the particular of the p	0		GES Change		
IGNATURE  ILE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  KE  KE  KE  KE  KE  KE  KE  KE  KE	MANAGING MEMI MEMBER 14 A. H.  JIMBER 14 A. H.  JULY PRESTULE	FILE NO Make Check Pay Due BERS/MANAGERS  OSCHAY  Delete  CK Court  ers Fr 33903	Pegistered Agent signature requirements of the period of t	0		GES Change	☐ Addition	
IGNATURE  LE ME REET ADDRESS Y-ST-ZIP  LE REET ADDRESS Y-ST-ZIP  LE REET ADDRESS (-ST-ZIP	MANAGING MEMI MEMBER 14 A. H.  JIMBER 14 A. H.  JULY PRESTULE	FILE NO Make Check Pay Due BERS/MANAGERS  OSCHAY Delete CK COUrT ers Fr 33903  Delete	Pegistered Agent signature requirements of the period of t	0		Change  Change	☐ Addition	
GNATURE  LE ME REET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS (-ST-ZIP EET ADDRESS (-ST-ZIP EET ADDRESS	MANAGING MEMI MEMBER 14 A. H.  JIMBER 14 A. H.  JULY PRESTULE	FILE NO Make Check Pay Due BERS/MANAGERS  OSCHAY  Delete  CK Court  ers Fr 33903	Pegistered Agent signature requirements of the period of t	0		GES Change	☐ Addition	
IGNATURE  LE ME REET ADORESS Y-ST-ZIP  LE ME REET ADORESS (-ST-ZIP  E EET ADORESS (-ST-ZIP  E EET ADORESS	MANAGING MEMI MEMBER 14 A. H.  JIMBER 14 A. H.  JULY PRESTULE	FILE NO Make Check Pay Due BERS/MANAGERS  OSCHAY Delete CK COUrT ers Fr 33903  Delete	Pegistered Agent signature requirements of the period of t	0		Change  Change	Addition Addition	
IGNATURE  LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E	MANAGING MEMI MEMBER 14 A. H.  JIMBER 14 A. H.  JULY PRESTULE	FILE NO Make Check Pay Due BERS/MANAGERS  OSCHAY Delete CK COUrT ers Fr 33903  Delete	Prograture Agent signature requirements of the programment of the prog	0		Change  Change	Addition Addition	
GNATURE  LE ME REET ADDRESS Y-ST-ZIP  LE ME REET ADDRESS (-ST-ZIP  E E E E E E E E E E E E E E E E E E	MANAGING MEMI MEMBER 14 A. H.  JIMBER 14 A. H.  JULY PRESTULE	FILE NO Make Check Pay Due  BERS/MANAGERS  OSCHAY Delete  CK COUNT  ENS FL 33903  Delete  Delete	Pegistered Agent signature requirements of the period of t	0		Change  Change  Change	Addition Addition Addition	
LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	MANAGING MEMI Member Mimberly A. H. 4115 Presture North FT My	BERS/MANAGERS  OSCHAY  Delete  CK COU T  ENS F1 33903  Delete  Delete	Prograture Agent signature requirements of the programment of the prog	0		Change  Change  Change	Addition Addition Addition	
LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	MANAGING MEMI MEMBER 14 A. H.  JIMBER 14 A. H.  JULY PRESTULE	FILE NO Make Check Pay Due  BERS/MANAGERS  OSCHAY Delete  CK COUNT  ENS FL 33903  Delete  Delete	Prograture Agent signature requirements of the programment of the prog	0		Change  Change  Change	Addition Addition Addition	
TILE LIME REET ADDRESS TY-ST-ZIP LE LIME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	MANAGING MEMI Member Mimberly A. H. 4115 Presture North FT My	BERS/MANAGERS  OSCHAY  Delete  CK COU T  ENS F1 33903  Delete  Delete	Prograture Agent signature requirements of the programment of the prog	0		Change  Change  Change	Addition Addition Addition Addition	