

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

20036900

**DOCUMENT # L01000019233**



**FILED**

**03 APR 18 PM 1:46**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

1. Entity Name  
**ALICO 2500 FUND, L.L.C.**

Principal Place of Business  
**12800 UNIVERSITY DRIVE, SUITE 240  
FT. MYERS FL 33907**

Mailing Address  
**12800 UNIVERSITY DRIVE, SUITE 240  
FT. MYERS FL 33907**



2. Principal Place of Business  
**12800 University Drive**

3. Mailing Address  
**PO Box 60035**

Suite, Apt. #, etc.  
**Suite 240**

Suite, Apt. #, etc.

City & State  
**Fort Myers, FL**

City & State  
**Fort Myers, FL**

**4/18**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0696724**

Applied For  
 Not Applicable

Zip  
**33907**

Country

Zip  
**33906**

Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DRIVE, SUITE 340  
FT. MYERS FL 33907**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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  Delete  
NAME **MGR BUIGAS, OJ**  
STREET ADDRESS **12800 UNIVERSITY DRIVE, SUITE 240**  
CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **500016323355**  
CITY-ST-ZIP **04/18/03--01049--002 \*\*50.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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** **OJ Buigas, mgr.** Date **2-20-03** Daytime Phone # **2395909066**

CR2E083 (10/02)