## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 07, 2002 8:00 am Secretary of State

DOCUMENT # LO1000020567  1. Entity Name  B. V. m. Properties, L.L.C.  DO NOT WRITE IN THIS SPACE				03-07-2002 90151 026 ****50.00	
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					•
2. Principal Place of Business 1303 E. Main St., Suite, Apt. #, etc.  City & State  City & State  City & State			· <1		
			(in ser	DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For	
City & State		City & State Lakeland, F	<del></del>	30-0022079	Not Applicable
Zip 3384	Country Country	<sup>Zip</sup> 33801	Country	5. Certificate of Status Desired Fee Requ	
		· · · · · · · · · · · · · · · · · · ·	Name	7. Name and Address of Current Registered Agent	=
DO NOT WRITE  Street Address			Ur K. D. Rust (P.O. Box Number is Not Acceptable)		
	nt iine ei	AOL		03 E. Main St.	oda
			(990000000000		3801
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if annivable		DATE	
		Make Check Pa	FEE IS \$50.00 yable to Department DUE BY MAY 1	of State	
9.	MANAGING MEMBEI	RS/MANAGERS			=======================================
TITLE NAME	Manager Mork D. Rust		TOLE		
STREET ADDRESS CITY - ST - ZIP			NAME		11011
	1303 E. Mainst.	N.	STREET ADORESS		83B (12)
TITLE	Lakeland, FL 3380	5/			80 P.
TITLE NAME	Lakeland, FL 3386 Manager Edith G. Rust	<i>\</i>	STREET ADDRESS CHY-ST-72P THE HAME		CROEDRING (12)m
TITLE	Lakeland, FL 3380	<i>\$ </i>	STREET ADDRESS CHY-ST-ZIP THLE		CROEDRIA (12)
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE	Lakeland, FL 3386 Manager Edith G. Rust 1303 E. Main St.	<i>SJ</i>	STREET ADDRESS CHY-ST-ZP TITLE FAMILE STREET ADDRESS CITY-ST-ZP TITLE		CROPDRIR (12)
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TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET_ADDRESS.  CITY - ST - ZIP	Lakeland, FL 3386 Manager Edith G. Rust 1303 E. Main St.		STREET ADDRESS CHY-ST-ZP TITLE HANGE STREET ADDRESS CITY-ST-ZP TITLE MAME ESTREET ADDRESS CHY-ST-ZP	DO NOT WRITE	T. CROEDRIB (12)
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  ESTREET ADDRESS.  CITY-ST-ZIP  TITLE	Lakeland, FL 3386 Manager Edith G. Rust 1303 E. Main St.		STREET ADDRESS CHY-ST-ZP TITLE HAME STREET ADDRESS CITY-ST-ZP TITLE HAME STREET ADDRESS CETY-ST-ZP TITLE HAME STREET ADDRESS CETY-ST-ZP		C.R.2FDR3R (12/
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE