

2002 FORM BUSINESS REPORT (UBR)**DOCUMENT # L01000020953**

1. Entity Name

CEG LAND PARTNERSHIP, LLC

FILED

02 OCT -8 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1751 SARNO ROAD, SUITE 5
MELBOURNE FL 32935

Mailing Address

1751 SARNO ROAD, SUITE 5
MELBOURNE FL 32935

2. Principal Place of Business

760 NORTH DRIVE

Suite, Apt. #, etc.

SUITE E

City & State

MELBOURNE, FL

Zip

32934

Country

USA

3. Mailing Address

760 NORTH DRIVE

Suite, Apt. #, etc.

SUITE E

City & State

MELBOURNE FL

Zip

32934

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3758440

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEY, DAVID

1751 SARNO ROAD, SUITE 5
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

DAVID ALLEY

Street Address (P.O. Box Number is Not Acceptable)

760 NORTH DRIVE

SUITE E

City

MELBOURNE

FL

Zip Code

32934

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State
Due By September 25, 2002**

502253900620

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | MANAGER | <input type="checkbox"/> Delete |
| NAME | DAVID ALLEY | |
| STREET ADDRESS | 760 NORTH DRIVE, SUITE E | |
| CITY-ST-ZIP | MELBOURNE, FL 32934 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | MANAGER | <input type="checkbox"/> Delete |
| NAME | JAKE WISE | |
| STREET ADDRESS | 760 NORTH DRIVE, SUITE E | |
| CITY-ST-ZIP | MELBOURNE, FL 32934 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | MANAGER | <input type="checkbox"/> Delete |
| NAME | JOE GERONIS | |
| STREET ADDRESS | 760 NORTH DRIVE, SUITE E | |
| CITY-ST-ZIP | MELBOURNE, FL 32934 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | MANAGER | <input type="checkbox"/> Delete |
| NAME | MITESH SMART | |
| STREET ADDRESS | 760 NORTH DRIVE, SUITE E | |
| CITY-ST-ZIP | MELBOURNE, FL 32934 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E083 (4/02)

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

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

Date

Daytime Phone #

8/31/02 (321) 253-1221