LIMITED LIABILITY COMPANY 2002 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

34103

L01000021204

MUIRLANDS PROPERTIES, LLC

FILED Mar 25, 2002 8:00 am Secretary of State

03-25-2002 90167 029 ****50.00

B0049572

DO NOT	' WRITE	IN THIS	SPACE
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2. Principal Place of Business		3. Mailing Address			
3033 Riviera Drive		3033 Riv	3033 Riviera Drive		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
Suite 201		Suite 201			
City & State Naples, Florida		City & State Naples, Florida			
партсь,					
Zip	Country	} Zip	Country		

34103

DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 04-3589302 Not Applicable

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

DO NOT WRITE IN THIS SPACE

	7. Name and Address of Current Re	gisterec A	gent	
Name				
	David G. Budd			
Street A	Address (P.O. Box Number is Not Acceptable)			
	3033 Riviera Drive			
	Suite 201			
City		EI	Zip Code	
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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.

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

CR2E083B (12/01)

FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS Operating Manager/Treasurer TITLE NAME Sheldon W. Starman STREET ADDRESS STREET ADDRESS 4099 Tamiami Trail North, Suite 400 CITY-ST-ZIP CITY-ST-ZIP Naples, Florida 34103 Assistant Operating Manager/Secretary TITLE TITLE NAME NAME David G. Budd STREET ADDRESS STREET ADDRESS 3033 Riviera Drive, Suite 201 CITY-ST-ZIP CITY-ST-ZIP Naples, Florida 34103 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIF IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP

USA

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:

3/12/02

(941) 263-7700

Daytime Phone #