

5/2/2003-90073-042-\$50.00-\$50.00


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 29 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

44005228

DOCUMENT # L02000001049	
1. Entity Name Rywell, L.L.C.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6245 10th Avenue NW		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State	
Zip 34119	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 60-0002326	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Jeffrey R. Lamb	
	Street Address (P.O. Box Number is Not Acceptable)	
	868 106th Avenue North	
	City Naples	FL Zip Code 34108

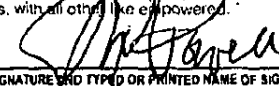
8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	Jeffrey R. Lamb, E.A.	06/04/03
(NOTE: Registered Agent signature required when reappointing)		DATE

January 1 - May Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member James G. Ryan 5930 22nd Ave. NW Naples, FL 34119 Pres	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Charles M. Powell 6245 10th Ave. NW Naples, FL 34119 Pres	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Mike Powell	6-30-03	239-592-5706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone

CR2E034B (12/02)