

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 05, 2003 8:00 am
Secretary of State

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07-17-2003 90023 005 ****50.00
01-10-2003 90003 015 ****50.00

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DOCUMENT # L02000005748																					
1. Entity Name MONTICELLO MOTEL, L.L.C.																					
Principal Place of Business 28500 HIGHWAY 27 DUNDEE FL 33838			Mailing Address 28500 HIGHWAY 27 DUNDEE FL 33838																		
2. Principal Place of Business Monticello Motel Llc Suite, Apt. #, etc. SAME As Above		3. Mailing Address Monticello Motel Suite, Apt. #, etc. 28500 Hwy 27																			
City & State Dundee		City & State Dundee		4. FEI Number 431952976																	
Zip 33838		Country Poik		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																	
6. Name and Address of Current Registered Agent GANDHI VIJAY 5850 CYPRESS GARDENS BLVD., NO. 402 WINTER HAVEN FL 33884			7. Name and Address of New Registered Agent Name: <u>GANDHI VIJAY</u> Street Address (P.O. Box Number is Not Acceptable) 17314 Emerald Chase Dr City: <u>TAMPA</u> <u>FL</u> Zip Code: <u>33647</u>																		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> DATE: <u>7/13/03</u> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))																					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003																					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																		
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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)(f), 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: <u>[Signature]</u> <u>7/13/03</u> <u>863-257-7970</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																					

CP2003 (4/03)