FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000007283

1. Entity Name
DESOTO PRESERVE, L.L.C.

Principal Place of Business	Mailing Address
55 13TH AVE. SOUTH NAPLES, FL 34102	55 13TH AVE. SOUTH NAPLES, FL 34102

2. Principal Place of Business	3. Mailing Address
812 Willowwood LA.	812 Willowwood LA.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Fl.	City & State: Naples, Fl.
Zip: 34108 Country: USA	Zip: 34108 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0716498 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOODMAN, JO FRANK
55 13TH AVE. SOUTH
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name: Don Bevins
Street Address (P.O. Box Number is Not Acceptable): 812 Willowwood LA.
City: Naples FL Zip Code: 34108

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: Don Bevins 4/29/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when attributing) DATE

FILE NOW! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GOODMAN, JO FRANK 55 13TH AVE. SOUTH NAPLES, FL 34102	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sole Manager Don Bevins 812 Willowwood LA. Naples Fl. 34108	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E063 (10/02)

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: Don Bevins 4/29/03 (239)572-7292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #