

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90047 015 ****50.00

DOCUMENT # L02000018149



1. Entity Name
APPLEGATE INVESTMENT MANAGEMENT, LLC

Principal Place of Business
**5774 BEECHWOOD TRAIL
FORT MYERS FL 33919**

Mailing Address
**5774 BEECHWOOD TRAIL
FORT MYERS FL 33919**

2. Principal Place of Business
6700 WINKLER ROAD

3. Mailing Address
6700 WINKLER ROAD

Suite, Apt. #, etc.
SUITE 3

City & State
FT. MYERS, FL

City & State
FT. MYERS, FL

Zip
33919

Country
USA

Zip
33919

Country
USA

4. FEI Number
56-2281213

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**APPLEGATE, JAMES H
5774 BEECHWOOD TRAIL
FORT MYERS FL 33919**

Name

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

City **FL** Zip Code

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 _____ DATE _____
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 May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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

MGR
JAMES H. APPELATE
6700 WINKLER ROAD, SUITE 3
FT. MYERS, FL. 33919

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 REQUIRED** **JAMES H. APPELATE** **1/23/03** **(239) 489-3346**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)