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

## DOCUMENT # L02000022961

1. Entity Name



**FILED** Mar 18, 2003 8:00 am Secretary of State

|   | , LLC   |   |  | 03-18-200  |   |                        |                               |  |
|---|---|---|--|--|---|------------------------|-------------------------------|--|
| Principal Place of Business   | <u> </u>  | Mailing Address   |  |  |   |                        |                               |  |
| 687 9TH AVENUE SOUTH<br>NAPLES FL 34102   |   |   | 687 9TH AVENUE SOUTH   |  |   |                        |                               |  |
|   |   |   |  | <br>   | OCH ARM BUILDING                            | I <b>O</b> (1816 1811A | C1181 1181 1861               |  |
| 2. Principal Place of Busines   | SS  | 3. Mailing Address  |  |  |   |                        |                               |  |
| 336 NINTH ST. NORTH   |   | r#  | <u>L</u>   |  |   |                        | DIFER INDE 1867               |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  | THECK HE   | RE IF MAKING                                | CHANGES                | 3                             |  |
| NAPLES, FL  |   | City & State  | <u></u>  | 4. FEI Number 44068  |   |                        | Applied For<br>lot Applicable |  |
| 34102   | Country<br>45A  | Zip   | Country  | 5. Certificate of Status Desire  | d <b>ZZ/ \$</b>                             | 5.00 Ac                | dditional                     |  |
| 6. Name and Address of Current Registered Agent   |   |   |  | 7. Name and Address of Ne  | 7. Name and Address of New Registered Agent |                        |                               |  |
| HOHMANN, JOSEPH G   |   |   | Name   |  |   | <u> </u>               | <del></del>                   |  |
| 687 9TH AVENUE<br>NAPLES FL 34102   |   |   | Street Add   | Street Address (P.O. Box Number is Not Acceptable)   |   |                        |                               |  |
|   |   |   |  |  |   | · · ·                  |                               |  |
|   |   |   | City   |  | FL  | Zip Cod                | de                            |  |
| 8. The above named entity so  | ubmits this statemen  | t for the purpose of changing it  | s registered office or re  | egistered agent, or both, in the State of  | Florida. I am fa                            | miliar with            | and accept                    |  |
| SIGNATURE   | ubmits this statemen<br>id agent.<br>rinted name of registered ag |   | s registered office or re  | egistered agent, or both, in the State of  | Florida. I am fai                           | miliar with,           | and accept                    |  |
| SIGNATURE   | a agont.  | ent and title if applicable. (NO FILE N Make Check Payak                    | TE: Registered Agent signature   | required when reinstating)   | Florida. I am fa                            | miliar with,           | and accept                    |  |
| SIGNATURE Signature, typed or p   | rinted name of registered ag                                      | ent and title if applicable. (NO FILE N Make Check Payak                    | TE: Registered Agent signature OW!!! FEE IS \$50 Die to Florida Depa   | required when reinstating)  0.00  rtment of State  | Florida. I am fa                            | miliar with,           | and accept                    |  |
| SIGNATURE Signature, typed or p   | rinted name of registered ag                                      | ent and title if applicable. (NO<br>FILE N<br>Make Check Payak<br>Du        | TE: Registered Agent signature  OW!!! FEE IS \$50  le to Florida Depa  10.  TITLE  NAME  STREET ADDRESS  | ADDITION RESTOENT SOSEPH HOHMANN 336 944 ST. N.  | Florida. I am fai                           | miliar with,           | and accept                    |  |
| SIGNATURE  Signature, typed or p  9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME                | rinted name of registered ag                                      | ent and title if applicable. (NO FILE N Make Check Payab Du BERS/MANAGERS   | TE: Registered Agent signature  OW!!! FEE IS \$50  Die to Florida Depa  By May 1, 2003  10.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE   | ADDITION RESTOENT SOSEPH HOHMANN 336 9th St.N. UARES F. 3482 TEE PRESENT   | DATE  DATE  S/CHANGES                       |                        |                               |  |
| SIGNATURE  Signature, typed or p  Signature, typed or p  Signature, typed or p  Signature, typed or p       | rinted name of registered ag                                      | ent and title if applicable. (NO FILE N Make Check Payat Du BERS / MANAGERS | TE: Registered Agent signature  IOW!!! FEE IS \$50  IOW TO FEE IS \$50  ITLE  NAME  STREET ADDRESS  ITLE  NAME  STREET ADDRESS | ADDITION RESTOEM TO SEPH HOHMANN 336 9th ST.N. VARES FL 3482   | DATE  DATE  S/CHANGES                       | □ Change               | ☑ Addition                    |  |
| SIGNATURE  Signature, typed or p  P.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS | rinted name of registered ag                                      | ent and title if applicable. (NO FILE N Make Check Payat Du BERS / MANAGERS | TE: Registered Agent signature  IOW!!! FEE IS \$50  IOW TO FEE IS \$50  ITLE  NAME  STREET ADDRESS  ITLE  NAME  STREET ADDRESS | ADDITION RESTORM STORM STORM STORM ADDITION RESTORM STORM STORM STORM ADDITION ADDIT | DATE  DATE  S/CHANGES                       | □ Change               | ☑ Addition                    |  |

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.

CITY-ST-ZIP

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