

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 25, 2003 8:00 am  
Secretary of State

02-25-2003 90082 028 \*\*\*\*50.00

DOCUMENT # L02000027612

1. Entity Name  
**FIG LEAF LLC**



Principal Place of Business  
**406 TREASURE BOAT WAY  
SARASOTA FL 34242**

Mailing Address  
**406 TREASURE BOAT WAY  
SARASOTA FL 34242**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

- Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**41-2045451**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KIRSCH, DIANNE L  
406 TREASURE BOAT WAY  
SARASOTA FL 34242**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **MGRM**  
NAME **DIANNE L. KIRSCH**  Delete  
STREET ADDRESS **406 TREASURE BOAT WAY**  
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
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TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

**DIANNE L. KIRSCH**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/18/03 941-321-6610**

Date

Daytime Phone #

CR2E083 (10/02)