

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90175 045 ****50.00

0036007

DOCUMENT # L02000030169



1. Entity Name
FATHAUER, L.L.C.

Principal Place of Business
**830 S. GULFVIEW BLVD.
#303
CLEARWATER FL 33767**

Mailing Address
**C/O CYNTHIA I. RICE, ESQ.
1253 PARK STREET
CLEARWATER FL 33756**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICE, CYNTHIA I ESQ.
1253 PARK STREET
CLEARWATER FL 33756**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: George H. Fathauer George H. Fathauer 4/22/03 727/443 3281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
JOHANNE W. FATHAUER GEORGE H. FATHAUER

CR2E083 (10/02)

Attachment

30063206
#102000030169

Form **SS-4**

Application for Employer Identification Number

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN _____
OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

1 Legal name of entity (or individual) for whom the EIN is being requested FATHAUER, L.L.C.		3 Executor, trustee, "care of" name	
2 Trade name of business (if different from name on line 1)		5a Street address (if different) (Do not enter a P.O. box.)	
4a Mailing address (room, apt., suite no. and street, or P.O. box) 830 S. Gulfview Blvd, #303		5b City, state, and ZIP code	
4b City, state, and ZIP code Clearwater, FL 33767		6 County and state where principal business is located Pinellas County, FL	
7a Name of principal officer, general partner, grantor, owner, or trustee Johanne W. Fathauer + George H.		7b SSN, ITIN, or EIN	
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ LLC		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____	
8b If a corporation, name the state or foreign country (if applicable) where incorporated		Foreign country	
9 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input checked="" type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input checked="" type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
10 Date business started or acquired (month, day, year) Nov. 2002		11 Closing month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i>		TBD	
13 Highest number of employees expected in the next 12 months. <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-."</i>		<input type="checkbox"/> Agricultural <input type="checkbox"/> Household <input type="checkbox"/> Other	
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) EMPLOYMENT OF PERSONNEL	
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. EMPLOYMENT OF PERSONNEL			
16a Has the applicant ever applied for an employer identification number for this or any other business? <i>Note: If "Yes," please complete lines 16b and 16c.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Cynthia I Rice Esq	Designee's telephone number (include area code) () () ()
	Address and ZIP code 1253 Park Street Clearwater FL 33754	Designee's fax number (include area code) () () ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ _____

Signature ▶ _____ Date ▶ _____

Applicant's telephone number (include area code) () () ()

Applicant's fax number (include area code) () () ()