FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91811 003 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000030720

1. Entity Name
613 SE 23RD STREET, LLC

Principal Place of Business	Mailing Address
4210 DEL PRADO BOULEVARD CAPE CORAL, FL 33904	4210 DEL PRADO BOULEVARD CAPE CORAL, FL 33904

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
613 SE 23rd Street	613 SE 23rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip / Country	Zip / Country

4. FEI Number: 57-1138544 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD KENNETH, C 2
3624 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE: MGR NAME: Kenneth C. Wood STREET ADDRESS: 3624 Del Prado Blvd. CITY-ST-ZIP: Cape Coral, FL 33904	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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CR2E083 (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: Kenneth C. Wood 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #