

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90809 025 ****50.00

DOCUMENT # L02000031736

1. Entity Name

BANYAN TREE INVESTMENTS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19 E. BROADWAY ST.

Suite, Apt. #, etc.

3. Mailing Address

19 E. BROADWAY ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OVIEDO, FL

City & State

OVIEDO, FL

4. FEI Number

37-1450633

Applied For

Not Applicable

Zip

32765

Country

United States

Zip

32765

Country

United States

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

7. Name and Address of Current Registered Agent

Name

NEIL E. STALEY

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

19 E. BROADWAY ST.

City

OVIEDO

FL

Zip Code

32765

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.

Neil E. Staley

Neil E. Staley

3/27/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

NEIL E. STALEY
1547 BRAEWICK ST
WINTER SPRINGS, FL 32708

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

WAYNE PAUCEL
1104 SHADOWBROOK TR
WINTER SPRINGS, FL 32708

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ROBERT STARR
4713 RIVERTON DR
ORLANDO FL 32817

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

JAE HEINBERG
2413 W. SUNSET DR
TAMPA FL 33629

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

Robert Starr 3/27/03

407 256 2209

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

Date

Daytime Phone #

CR2E083B (12/02)