LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032313

1. Entity Name

RUPP PROPERTIES, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address
2409 Sunset Way	1634 Spring Cress Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State
St. Pete Beach, FL.	Ft. Wayne, IN.
Zip 33706 Country U.S. Pinellas	Zip 46814 Country US

4. FEI Number 51-0439291 | Applied For | Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Mary F. Rupp

Street Address (P.O. Box Number is Not Acceptable): 2409 Sunset Way

City: St. Pete Beach, FL Zip Code 33706

DO NOT WRITE IN THIS SPACE

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 _Mary F Rupp by Robt F Br J P.O.A._ _2/28/03_

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE: Managing Member NAME: Mary F. Rupp c/o Robt F. Rupp Jr. STREET ADDRESS: 1634 Spring Cress Rd. CITY-ST-ZIP: Ft. Wayne, IN. 46814	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: _Mary F Rupp by Robert F Br J P.O.A._ _2/28/03_ _260-341-5053_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #