


LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033019

1. Entity Name
SAN ANTONIO BROADVIEW OFFICE, L.L.C.



FILED
2003 AUG 19 AM 9:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2021 Valpariso Blvd. <small>Suite, Apt. #, etc.</small>	3. Mailing Address 2021 Valpariso Blvd. <small>Suite, Apt. #, etc.</small>
City & State North Fort Myers, Florida Zip 33917	City & State North Fort Myers, Florida Zip 33917
Country USA	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1985863	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name: Raymond L. Schumann

Street Address (P.O. Box Number is Not Acceptable):
2700 Riverview Center Blvd.

Suite 103

City: Bonita Springs FL Zip Code: 34134

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

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 President Thomas J. Piper 2021 Valpariso Blvd. North Fort Myers, Florida 33917	
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	TITLE NAME STREET ADDRESS CITY - ST - ZIP 600022385946 08/19/03--01007--003 **50.00
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: [Signature] 2/21/03 239.731.1549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)