FILED
Feb 24, 2005 8:00 am
Secretary of State
02-24-2005 90108 025 ****50.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000228

1. Entity Name
1235 S.E. 2nd Place LLC

20015726

Principal Place of Business	Mailing Address
5235 NAUTILUS DR. CAPE CORAL, FL. 33904	5235 Nautilus Dr. Cape Coral, FlA 33904

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0737719 ☐ Applied For ☐ Not Applicable

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
VIACAVA, JOSEPH G JR. 5232 Nautilus Dr. Cape Coral FlA. 33904	Name: JOSEPH G. VIACAVA, JR Street Address (P.O. Box Number is Not Acceptable): 1415 Hendry Street City: Ft Myers FL Zip Code: 33902

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.

SIGNATURE [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 2-10-2005 DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VIACAVA, LYNNE C 5235 Nautilus Dr. Cape Coral FlA 33904 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LEE C. VIACAVA 5235 NAUTILUS DRIVE CAPE CORAL, FL 33904 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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)(l), 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] 2-10-2005