2000 UNIFORM BUSINESS REPORT (UBR)

				_		
DOCUMENT # L9200000020 1. Entity Name MARKS ASSOCIATES, L.C.				FILED		
				00 JAN 20 PM 4: 22		
Principal Place of Business Mailing Address 2069 FIRST ST. P.O. BOX 2429 STE. #304 FORT MYERS FL 33902-2429			429	SECRETARY OF STATE TALLAHASSEE. FLORID		
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State	<u> </u>	4. FEI Number 65-0368884	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registers	d Agent	
			Name	Action to the second se	w thousand _in_inc	
LEGRANDE, BARBARA			Discot Address	Street Address (P.O. Box Number is Not Acceptable)		
2069 FIRST ST.			Sireet Addres	s (F.O. Box Number is Not Acceptable)		
SUITE 304						
FT. MYERS FL FL339-01			City	F	Zip Code	
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida.		
SIGNATURE .						
 	Signature, typed or printed name of registered agent a	FILE NO	E: Registered Agent signature requipment OW!!! FEE IS \$50.0 yable to Department	0		
9.	MANAGING MEMBE	ERS/MEMBERS	10.	ADDITIONS/CHANG	ES .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKS, THOMAS 1415 CHARLOU COURT N. FT. MYERS FL 33907	☐ Deinta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	Changa Addition	
TITLE	MGRM	Delete	TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Marks, Mary Lou 1415 Charlou Court N. Ft. Myers Fl 33907		MAME STREET ADDRESS CITY-ST-ZIP	10000311 -01/27/00-	22517 -01014009	
TITLE MAME STREET ADDRESS	MGRM LEGRANDE & LEGRANDE P.A. PERSTON TRUST 2069 FIRST STREET			*****50.0	D ************************************	
CITY-8T-ZIP	FT. MYERS FL 33901		CITY- ST- ZIP			
TITLE NAME STREET ADDRESS	MGRM KING, MELVIN 1299 BILTMORE	☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	
CITY-8T-ZIP	FT. MYERS FL 33901		CITY-ST-ZIP	- -		
TITLE	MGRM	☐ Delate	TITLE		Change Addition	
NAME STREF ADDRESS	KING, CHARLOTTE 1299 BILTMORE		NAME STREET ADDRESS	,		
CITY- &T- ZIP	FT. MYERS FL 33901		CITY- ST- ZIP			
NAME		Delete	TITLE NAME		Change	
STREET ACORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated	ertify that the information supplied with on this report is true and accurate and bility company of the receiver or trustee	that my signature shall have	r the exemption stated in the same legal effect as i	Section 119.07(3)(i), Florida Statutes. I further if made under oath; that I am a managing menapter 608, Florida Statutes.	certify that the information ber or manager of the	