

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000415

1. Entity Name

M F L, LTD. L. C.

FILED

02 APR 30 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~2001 NEW BARTON BLVD~~
~~FORT MYERS FL 33901~~
2220 West First Street
Fort Myers, Florida 33901

Mailing Address
~~2001 NEW BARTON BLVD~~
~~FORT MYERS FL 33901~~
2220 West First Street
Fort Myers, Florida 33901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0461237**
Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

PAVESE JR, FRANK A
4635 S. DEL PRADO BLVD
CAPE CORAL FL 33910

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

300005432179--0
-05/03/02--01012--005
*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANGE, MICHAEL TSINGTAUER STRASSE 105 MUNICH, GERMANY 81827 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LANGE, CHRISTA TSINGTAUER STRASSE 105 MUNICH, GERMANY 81827 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHAVONE, JOHN 2220 WEST FIRST ST. FORT MYERS FL 33901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **John Schavone, MGR** 4/29/02 (239) 334-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #