| | | | | | | | | |
|--|---|-----------------------------------|--|---|---|------------------------|------------|--|
| DOCUMENT # L9400000078 1. Entity Name | | | | 2.5 | FILEÜ COETARY OF STATE | c | | |
| BOTTS LANDING INVESTMENTS, L.C. | | | | DIVIS | SECRETARY OF STATE DIVISION OF CORPORATIONS | | | |
| Principal Place of Business Mailing Address | | | | 00 | 00 JUL 11 AM 9: 25 | | | |
| RIVIERA MOBILE HOME PARK BOTTS LANDING INVESTM 2717 RIVERCROOK LANE 1277 PARKER RD. | | | NTS LC | | inf | | | |
| DELAND FL 32720 JAMESTOWN OH 45335 | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc | | | g Investme | In yest ments DO NOT WRITE IN THIS SPACE | | | | |
| City & Stat | Rivercyook hane | Manager | 4. FEI Number Applied For | | | | | |
| Zip Gountry Zip | | | Jernes Town (| | 4 59-3225335 | \$5.00 Add | | |
| 3270 | 6. Name and Address of Current Re | Greene | 7. Name and Address of New Registered Agent | | | | | |
| | | | | Miam | | | | |
| | NIVERSITY AVE. | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| DELAND FL 32724 | | | De | land | · ~ | ₹ 7in Code | | |
| City De la no | | | | | - heath in the State of Florida | FL Zip Code | 120 | |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE | | | | | | DATE | | |
| FILE NOW!!! FEE IS \$50.00 | | | | | | | | |
| | | Make Check Paya | ble to Departme | ent of State | | | | |
| 9. | MANAGING MEMBERS | | 10. | | ADDITIONS/CHA | NGES Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FUDGE, ROBERTA 1277 PARKER RD. JAMESTOWN OH 45335 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition | |
| TITLE | MGR | ☐ Delete | TITLE | · · · · · · · · · · · · · · · · · · · | , , , , , , , , , , , , , , , , , , , | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | VANDERHEIDEN, DALE 1250 LAKEVIEW-TERRACE, LOT # DELAND FL 32720 | 61 | NAME STREET ADDRESS . CITY-ST-ZIP . | | . n | | | |
| title Name | MGR MURPHEY, WILLIAM | ☐ Delete | TITLE NAME | _ | | Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | 1106 UNIVERSITY AVENUE DELAND FL 32724 | | STREET ADDRESS CITY-ST-ZIP | <u>.</u> | 5 0000333 07/18/00 | | - O | |
| TITLE | DEDAUD FL 32124 | ☐ Delete | TITLE | | <u>******50. (</u> | Change | Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | · | | • | |
| TITLE | | □ Delete | CITY-ST-ZIP TITLE | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME Street address | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE NAME | | Delete | TITLE NAME | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS City-St-Zip | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| | ertify that the information supplied with th | is filing does not qualify for th | L | I in Section 119.0 | 7(3)(i) Florida Statutes I furth | er certify that the in | formation | |

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGE

1/1/2000 OK 931 615-322



July 11, 2000

Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 -Attn: -Reinstatements

To Whom It May Concern:

We have recently discovered that our Uniform Business Report has an incorrect FEI number. The number of 56-3026156 has been in error since 1990. The correct number is 59-3026156. You will see that all of our state and federal tax forms have been filed under the correct number.

Please change your records to reflect our correct FEI number. Thank you for your assistance in this matter.

Sincerely,

Heidi D. Burg, CPA Corporate Controller 事 计 套

CRAFT MASTER UNLIMITED II 10120 STRIKE LANE BONITA SPRINGS, FLORIDA 34135

Telephone 941-992-0420 Fax 941-992-2344

July 11, 2000

FLORIDA DEPARTMENT OF STATE Division of Corporations
P.O. BOX 6327
Tallahassee, Florida 32314

Subject: CRAFT MASTER UNLIMITED II

REGISTRATION NUMBER: G96278000383

I am writing to inform your office that we have an address change.

New Address:

10120 Strike Lane Bonita Springs, Florida 34135

Telephone Number: 941-992-0420

Fax Number: 941-992-2344

If you have any questions, please contact us at the new . $\mathcal{L}_{\text{cons}}$ address or phone number.

Thank You,

Elizabeth A. Crowley

DBA/Craft Master Unlimited II

-1401 Manatee Avenue West • Bradenton, Florida 34205 • Phone 941-746-7777 • Fax 941-747-1856 • CB-C058653

July 11, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Per a phone conversation with a representative from your department earlier today (Amy), I am requesting a filing form be sent to our address below, as our company never received a first notice. I am also requesting an address change in your records to the following for our current address:

MBK Properties, Inc. 1401 Manatee Ave., W. Suite 540 Bradenton, FL 34205

Thank you for your cooperation in this matter.

Sincerely,

Kenneth C. McKeithen

President, MBK Properties, Inc.

Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am writing in request of the <u>1999 Uniform Business Report</u> for our company, AverStar, Inc. (FEID# 04-3411541) to complete and sign. Please send these forms to:

AverStar, Inc. C/o Kathy Westmoreland 23 Fourth Avenue Burlington, MA 01803

Thank you for your cooperation. If there are any questions please call me at (781)221-6990.

Sincerely,

Kathy Westmoreland