2000 UNIFORM BUSINESS REPORT (UBR)

					102					
DOCUMENT # L9400000330 1. Entity Name SUNSHINE LAND ENTERPRISES, L.C.							FILED			
						00	00 JAN 20 PM 4: 21			
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Principal Place of Business Mailing Address							ECRETARY OF STAT LAHASSEE, FLOR	אטו		
8220 SUNSET DRIVE P.O. BOX 430240										
MIAMI FL 33143 SOUTH MIAMI FL 33243-0240							,			
	lace of Busines	s	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI N	4. FEI Number 65-0505810 Applied For Not Arguing			
Zip	Country		Zip	Countr		5. Certi	5. Certificate of Status Desired See Required Fee Required			
•	6 Name at	nd Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	7. Name	e and Address of New Regis	<u> </u>		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
GANTT, R	AGAN				Chart Addr	Address (P.O. Box Number is Not Acceptable)				
8220 SUNSET DRIVE						ess (F.O. DOX N				
MIAMI FL 33143										
					City			FL Zip C	ode	
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) DATE										
FILE NOW!!! FEE IS \$50.00										
Make Check Payable to Department of State										
9.		MANAGING MEME	BERS/MEMBERS	10.			ADDITIONS/CH	ANGES		
TITLE	MGRM		Delete	TITL	.E		<i>y</i>	Chang	a Addition a	
MAME	GANTT, RAG	AN		IE						
- \$TREET ADDRESS	8220 SUNSE				EET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33	143		CITY	- ST-ZIP		* * * * * * * * * * * * * * * * * * * *	1 2 242 1		
TITLE			Deleto	TITL			1000031 -01/27/00	j01020	015 Addition	
NAME STREET ADDRESS				MAN	EET ADDRESS		*****50.	.00 ****	*50.00	
CITY- 8T- ZIP	_				-ST-ZIP					
TITLE	3		☐ Delete	TITL	<u> </u>		 	Chang	notfibble 🔲 e	
NAME				MAN		/				
\$TREET ADDRESS				\$T#	EET ADDRESS	- /	\(\) /			
CITY- ST-ZIP			·	CITY	7-81-ZIP					
TITLE			☐ Detete	TITL	1		ノ U	Chang	e 🗌 Addition	
NAME		•		MAR	IE Eet address					
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP		-			
TITLE	}		☐ Delete	TITL	I			Ctrant	a Addition	
MAMEE' Syreet address:	بري:				EET ADDRESS					
GITY-AFZIP					- 8T-ZIP					
TITLE			☐ Delete	TITL				Chang	e Addition	
MAME				MAN	1					
STREET ADDRESS CITY-ST-ZIP			•		EET ADDRESS ST- ZIP					
11 Ubaraby o	ertify that the in	formation supplied wit	h this filing does not qualify for	or the exe	motion stated	in Section 119	07(3)(i), Florida Statutes, Lifuri	ther certify that th	e information	
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 accourate 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.										
C CHARACTED LACAL -1.17-99, 274										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER Date Dayline Phone #										
		/	, ,							