

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L94000000661**

1. Entity Name  
**DUCAT LIMITED INVESTMENTS, L.C.**

FILED

00 MAR 14 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2010 DUNDEE RD.  
WINTER HAVEN FL 33884**

Mailing Address  
**2010 DUNDEE RD.  
WINTER HAVEN FL 33884-1103**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3301731**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**DUCAT, MARIANNE L  
3106 CYPRESSWOOD BLVD.  
WINTER HAVEN FL 33884**

Name ~~MARIANNE L DUCAT~~  
Street Address (P.O. Box Number is Not Acceptable)  
~~3106 Cypresswood Blvd~~  
City ~~Winter Haven~~ **FL** Zip Code ~~33884~~

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
**MGRM  
DUCAT, MARIANNE L  
3106 CYPRESSWOOD BLVD.  
WINTER HAVEN FL 33884**

TITLE NAME  Change  Addition  
**500003193735--?  
-04/03/00--01118--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete  
**MGRM  
M. L. DUCAT ENTERPRISES, INC.  
3106 CYPRESSWOOD BLVD.  
WINTER HAVEN FL 33884**

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  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: *Marianne L Ducat*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CR2E083 (9/99)