2001 UNIFORM	BUSINESS	REPORT	(UBR
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DOCUMENT # L9500000013			LILED .	,	87		
1. Entity Name ARECA, L.C.		00000010			OI MAR 12 AM 9:31	ì	Ą
				·	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place	e of Business	Mailing Address	,		The state of the s		
3623 SE 16 PLACE CAPE CORAL FL 33904 P. O. BOX 100 CAPE CORAL FL		WĄY					
		89 9 FL. 3	8 3910				
2. Principal Place of Business 3. Mailing Address 3.623 SE		•		T TERMEN OUR LONGLEWIN DRIN BEAM BEAM BEAM BEAM BEAM BEAM BEAM BEAM			
Suite, Apt. #, etc. Suite, Apt. #, etc.			٠	DO NOT WRITE IN THIS SPACE			
City & State	e	City & State CAPE CORA	14,	FL .	CE OCCOPECA	pplied For t Applicable	
Zip	Country	33904	Cour		. 5. Certificate of Status Desired	ditional d	
	6. Name and Address of Currer	t Registered Agent			7. Name and Address of New Registered Agent	<u></u>	
	ساسات استان المسادات		-	Name KL	AUS PLONSKY	.	
WENGLES	CHRISTINE F			Street Address	P.O. Box Number is Not Acceptable)		-:
SHIPPA							
6112	##AE 1 = 33904	_		City CAF	PE CORAL FL Zip Cod	904	
8. The above	named entity submits this statement	for the purpose of changing its	røgister	ed office or registe	red agent, or both, in the State of Florida.		
SIGNATURE .	KLAUS PLDNS Signature, typed or printed name of registered age	Ky / Own		ed Agent signature require	number reinstating) DATE		
	signature, typed or printed frame or registered age	in and the napplication (1901		oo xigan bignata o toqono	3		
	•	• • •		FEE IS \$50.00 to Department of	of State		
	·		.,				
9.	MANAGING MEM	BERS/MEMBERS	10.		ADDITIONS/CHANGES		<u>6</u>
TITLE	M	☐ Delete	TITL		☐ Change	Addition S	CRZE083 (11/00)
NAME STREET ADDRESS	PLONSKY, KLAUS P.O. BOX 100898		NAM STR	ME REET ADDRESS			三 翼.
CITY-ST-ZIP	CAPE CORAL FL 33910			Y-ST-ZIP		ا ا	Ŋ.
TITLE	M	☐ Delete	TITE	LE	. Change	☐ Addition S	봇
NAME	PLONSKY, RENATE		NAN	ME	500003854275	4	
STREET ADDRESS	P.O. BOX 100898			REET ADDRESS	-03/35/110100 (***	'UZJ	
CITY-ST-ZIP	CAPE CORAL FL 33910		CITY	Y-ST-ZIP	*****50 <u>.00</u> *****	50.00	
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NAME		•	NAF	ме			
STREET ADDRESS		;		REET ADDRESS			
CITY-ST-ZIP	•*	Ĵ.		Y-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied w I on this report is true and accurate a ability company or the receiver or trys	with this filling does not qualify for and that my signature shall have see empowered to execute this	the exert the same report a	emption stated in S ne legal effect as if as required by Char	ection 119.07(3)(i), Florida Statutes. I further certify that the i made under oath; that I am a managing member or manage oter 608, Florida Statutes.	ntormation er of the	

02-21-01 (941) 945-5363
Daylime Phone *

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, WANAGER, OR AUTHORIZED REPRESENTATIVE