

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000983 1. Entity Name ALLARD FAMILY L.C.	
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FILED
03 MAR 25 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 231 ALBI RD APT #4 NAPLES, FL 33962	Mailing Address 231 ALBI RD APT #4 NAPLES, FL 33962
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0637049	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SWOPE, RICHARD L 8965 FONTANA DEL SOL WAY NAPLES, FL 34109
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	FL	Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;"> MGRM ALLARD, RAYMOND M 231 ALBI RD APT #4 NAPLES, FL 33962 </td> <td style="width: 20%; text-align: right; padding: 5px;"> <input type="checkbox"/> Delete </td> </tr> </table>	MGRM ALLARD, RAYMOND M 231 ALBI RD APT #4 NAPLES, FL 33962	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES			
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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 606, Florida Statutes.

SIGNATURE: *Raymond M Allard* 3-15-03 603-644-8664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)