

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 20 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000042

1. Entity Name

FLORIDA INCOME PROPERTIES I, L.C.

Principal Place of Business

3815 N. MULFORD
ROCKFORD IL 61114

Mailing Address

3815 N. MULFORD
ROCKFORD IL 61114

2. Principal Place of Business

3. Mailing Address

6277 Riverside Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Rockford, IL

Zip

Country

Zip

Country

4. FEI Number

36-4068334

Applied For

Not Applicable

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

HARDING, JANET

8111 BAY COLONY, #1201
NAPLES FL 33963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Brent Beekman

Brent Beekman

7-10-2000

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

800003335578--7
-07/25/00--01082--010

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONAL CHANGES *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BEEKMAN, BRENT T
1215 TUNEBERG PARKWAY
BELVIDERE IL 61008 ☐ Delete

TITLE
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☐ Change ☐ Addition

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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 608, Florida Statutes.

SIGNATURE:

Brent Beekman

7-10-2000 815-439-4614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 11/00