

2001 UNIFORM BUSINESS REPORT (UBR)

0030746 AB

DOCUMENT # L960000000042

1. Entity Name

FLORIDA INCOME PROPERTIES I, L.C.

FILED

01 APR 30 PM 6:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6277 RIVERSIDE BLVD.
ROCKFORD IL 61114

Mailing Address

3815 N. MULFORD
ROCKFORD IL 61114

2. Principal Place of Business

1415 EAST STATE ST

3. Mailing Address

PO BOX 1272

Suite, Apt. #, etc.

STE 700

Suite, Apt. #, etc.

City & State

ROCKFORD IL

City & State

BELVIDERE IL

Zip

61104

Country

USA

Zip

61008

Country

USA

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

HARDING, JANET
8111 BAY COLONY, #1201
NAPLES FL 33963

7. Name and Address of New Registered Agent

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

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 MEMBERS/MEMBERS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 T. Beekman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/27/01

Daytime Phone #

815-964-9955

CR2E083 (11/00)