2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000042

1. Entity Name

FLORIDA INCOME PROPERTIES I, L.C.

FILED
May 30, 2002 8:00 am
Secretary of State
05-06-2002 90133 006 ****50.00

Principal Place of Business	Mailing Address
1415 EAST STATE ST., SUITE 700 ROCKFORD IL 61104	3815 N. MULFORD ROCKFORD IL 61114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	1415 East State St.,
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 700
City & State	City & State Rockford IL
Zip / Country	Zip 61114 / 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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

	Entry	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BEEKMAN, BRENT T 1215 TUNEBERG PARKWAY BELVIDERE IL 61008	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Weinberg, Stephen 1415 E. State St., Ste 700 ~~Rockford, IL 61104~~	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

	Entry	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	m 2-18-02	☐ Change ☐ Addition

CR2E083 (9/01)

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: SIGNATURE REQUIRED Stephen Weinberg 815/964-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #