2001 UNIFORM BUSINESS REPORT (UBR)

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	MENT# L9	6000000262	•	
1. Entity Name FLORIDA FIMO L.C.				FILED
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		······································		01 JAN 18 AM 10:00
Principal Place of Business Mailing Address				
2274 EATON LEHIGH ACR	-LAKE GOURT ES EL 39971	2274 EATON-LAKE COUR LEHIGH ACRES FL 3397		SECRETARY OF STATE TALLAHASSEE, FLORIDA
ELFIGH ROLLS TE 30071			•	
Principal Place of Business 3. Mailing Address				T I BORIONI DEN SOUSA DELLE DENÍA DORAN ORAN DOSSE DOSSE BONZO NAME MUSICO PROS CONTRA
Suite, Apt.	# etc	Suite, Apt. #, etc.		DO NOT WEST 41 THE OPINE
. Odito, Apr.	n, 6.0.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0718216 Applied For
Zip Country		Zip	Country	Not Applicable
Ζ۱μ	Country	, Σιρ	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of C	urrent Registered Agent)	7. Name and Address of New Registered Agent
DETDI VI	LALIC		Name	
PETRI, KLAUS 2274 EATON-LAKE COURT				ss (P.O. Box Number is Not Acceptable)
LEHIGH ACRES FL 33971				
			City	⊏ ∎ Zip Code
8. The above	named entity submits this state	ment for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida.
SIGNATURE .				
	Signature, typed or printed name of register	ed agent and title if applicable. (NOTI	E: Registered Agent signature requ	uired when reinstating) DATE
		FILE N	OW!!! FEE IS \$50.0	oó
	•	Make Check Pa	yable to Department	t of State
9.	MANAGING	MEMBERS/MEMBERS	10.	ADDITIONS/CHANGES
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PETRI, KLAUS	T	NAME	
STREET ADDRESS CITY-ST-ZIP	2274 EATON-LAKE COUR LEHIGH ACRES FL 33971		STREET ADDRESS CITY-ST-ZIP	المناس والمناور المناور والمناور المناور والمناور والمناور والمناور والمناور والمناور والمناور والمناور والمناور
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NAME	•	☐ Delete - ·	TITLE NAME .	. Change Addition
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CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	•	☐ Delete	TITLE	☐ Change ☐ Addition
Name Street address			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	: '
11. I hereby o	ertify that the information supplies	ed with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information
limited lial	bility company or the receiver or	trustee empowered to execute this r	une same regal effect as it report as required by Cha	if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.
	lanau	TAIN THE PARTY IN THE	(a)(-10 1 ·	2.1.1.
SIGNAT	URE: 4	NAME OF SIGNING MANAGING MEMBER, MAN	SIPETRI'	01/11/2001 941 3687858
	COMPANY AND STREET ON PRINTED	TOTAL OF STREET, MANAGING MEMBER, MAN	racen, un au i RukiZEU REPRE	ESENTATIVE Jate Daytime Phone #