

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009452 A/F

00 MAY -2 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000396

1. Entity Name
ANGELIQUE INVESTMENT L.C.

Principal Place of Business Mailing Address

~~2108 MAIN ST.~~ ~~2108 MAIN ST.~~

SARASOTA FL 34237 **SARASOTA FL 34237-6024**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
222 Nesbit Street

3. Mailing Address
P.O. Box 510308

Suite, Apt. # etc. Suite, Apt. #, etc.

City & State City & State

Punta Gorda, FL **Punta Gorda, FL**

Zip Country Zip Country

33950 **Charlotte** **33951-0308** **Charlotte**

4. FEI Number Applied For

65-0671777 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~JAENSCH, PETER J~~

~~2108 MAIN ST.~~

SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name **Michael J. Horner**

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

222 Nesbit Street

City **Punta Gorda,** **FL** Zip Code **33950**

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 **Michael J. Horner** *Michael J. Horner* DATE **4/27/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MEM	<input type="checkbox"/> Delete
NAME	SAUER, MANFRED	
STREET ADDRESS	22000BROADRANCH DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	SAUER, DIRK	
STREET ADDRESS	22000BROADRANCH DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	SAUER, SVEN	
STREET ADDRESS	22000BROADRANCH DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900003259979--8	
CITY-ST-ZIP	-05/19/00--01106--016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	*****50.00 *****50.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *SIGNATURE REQUIRED* DATE **04-03-00** DAYTIME PHONE #

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

CR2E083 (9/99)