

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028364 AF

**DOCUMENT #** L96000001028

**1. Entity Name**  
**ROD & REEL MOTEL, L.C.**

FILED  
 01 APR 25 PM 5:56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>Principal Place of Business</b> 877 NORTSHORE DRIVE ANNA MARIA FL 34216	<b>Mailing Address</b> P.O. BOX 1939 ANNA MARIA FL 34216
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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<b>4. FEI Number</b> 65-0697351	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JAENSCH, PETER J ESQ.**  
 2198 MAIN STREET  
 SARASOTA FL 34237

**Name**  
Margaret Shoaf, CPA  
**Street Address (P.O. Box Number is Not Acceptable)**  
 2100 S. Tamiami Tr.  
 #200  
**City** Sarasota **FL** **Zip Code** 34239

**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**  **DATE** 04-10-01  
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**

200004164352--7  
 -05/09/01--01022--029  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

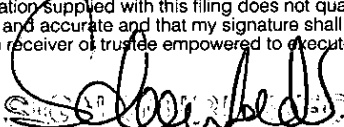
**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> SCHOENFELDER, MARIO 877 NORTSHORE DRIVE ANNA MARIA FL 34216	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> SCHOENFELDER, CHRISTIANE 877 NORTSHORE DRIVE ANNA MARIA FL 34216	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> Schoenfelder, Mario 713 Key Royal Drive Holmes Beach, FL 34217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> Schoenfelder, Christiane 713 Key Royale Drive Holmes Beach, FL 34217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **DATE** 04/21/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)