

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90061 047 ****50.00

DOCUMENT # L97000000304

1. Entity Name
CIRCLE L HOLDINGS, L.C.

Principal Place of Business 2801 FRUITVILLE RD SUITE 100 SARASOTA FL 34237	Mailing Address 2801 FRUITVILLE RD SUITE 100 SARASOTA FL 34237
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024004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0736716		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HRIC, MICHAEL 2801 FRUITVILLE RD SUITE 100 SARASOTA FL 34237				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 _____ (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				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYNN, JESSE J			NAME	LYNN, JESSE J.		
STREET ADDRESS	6907 RIVER BIRCH COURT			STREET ADDRESS	4140 Brookpointe Court		
CITY-ST-ZIP	BRADENTON FL			CITY-ST-ZIP	Sarasota, FL 34238		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYNN, LARA A			NAME	LYNN, LARA A.		
STREET ADDRESS	6907 RIVER BIRCH COURT			STREET ADDRESS	4140 Brookpointe Court		
CITY-ST-ZIP	BRADENTON FL			CITY-ST-ZIP	Sarasota, FL 34238		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Jesse J. Lynn SIGNATURE REQUIRED: Jesse J. Lynn Date: 2-11-02 Daytime Phone #: 941-966-4232

CR2E083 (9/01)