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TITLE

43 SAN REMO CIR.

NAPLES FL 34112

HUDSON, MARK L

4920 CORTEZ CIR.

NAPLES FL 34112

2156 42ND ST., SW

NAPLES FL 34109

BAILY, THOMAS

MEM

MEM

FILED 02 UNIFORM BUSINESS REPORT (UBR) May 03, 2002 8:00 am Secretary of State DOCUMENT .97000000557 05-03-2002 90038 041 ****50.00 HANSEN LAND COMPANY, L.C. Principal Place of Business Mailing Address 20700 ZEMEL RD. 2269 QUEENS WAY PUNTA GORDA FL NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0756501 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOMBARDO, J. CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 801 LAUREL OAK DR., STE. 640 NAPLES FL 34108 City Zip Code FL 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 10. ADDITIONS/CHANGES TITLE MEM Delete TITLE Change ☐ Addition NAME LOMBARDO, J. CHRISTOPHER NAME STREET ADDRESS 122 CARICA RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 **ÖTLE** MEM ☐ Delete TITLE Change ☐ Addition NAME THALHEIMER, SANDY NAME STREET ANDRESS 2269 QUEENS WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34108 TITLE ☐ Delete MEM . TITLE ☐ Change ☐ Addition NAME HURST, JOHN R NAME STREET ADDRESS STREET ADDRESS 3475 14TH ST., N. CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34105 TITLE MEM ☐ Delete TITLE Change □ Addition NAME HRESTAK, HRVOJE J NAME

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.

NAME

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Sand-ford C. Trutheiner 4/24/02 941-261-8422

Change

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Addition

Addition