

DOCUMENT # L97000000682

1. Entity Name  
THE FRITZ GROUP, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP -5 AM 10: 02



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
2201 2ND ST., STE. 600      2201 2ND ST., STE. 600  
FT. MYERS FL 33901      FT. MYERS FL 33901

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
65-0769083      Not Applicable

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

6. Name and Address of Current Registered Agent

JENSEN, CHARLES T  
2201 2ND ST., STE. 600  
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE      MGR      Delete  
NAME      FRITZ, CHARLES W  
STREET ADDRESS      2201 2ND ST., STE. 600  
CITY-ST-ZIP      FT. MYERS FL 33901

TITLE      Change      Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      MGR      Delete  
NAME      FRITZ, WILLIAM E  
STREET ADDRESS      2201 2ND ST., STE. 600  
CITY-ST-ZIP      FT. MYERS FL 33901

TITLE      Change      Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900003390253-021  
-09/12/00--01071--021  
\*\*\*\*\*50.00      \*\*\*\*\*50.00

TITLE      Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      Change      Addition  
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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: *Charles T. Jensen*      Charles T. Jensen      9/1/00      941-337-3434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (5/00)