

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

7. Name and Address of New Registered Agent

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *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)