

2001 UNIFORM BUSINESS REPORT (UBR)

0032142 SP

DOCUMENT # L97000000713

1. Entity Name

SOUTHWEST ORLANDO INVESTMENTS, L.C.

FILED

01 FEB -5 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

404 NORTH MIRAMAR AVE.
INDIALANTIC FL 32903

Mailing Address

P.O. BOX 3008
INDIALANTIC FL 32903

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3456692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIDS, T.J.
404 NORTH MIRAMAR AVE.
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name

MICHAEL DERRICK

Street Address (P.O. Box Number is Not Acceptable)

404 NORTH MIRAMAR AVE

City

INDIALANTIC

FL

Zip Code

32903

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] MANAGER OF THE MEMBER

01/30/01

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

600003675246--1

-02/12/01--01146--017

*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR
DAVIDS, T.J.
STREET ADDRESS 404 NORTH MIRAMAR AVE.
CITY-ST-ZIP INDIALANTIC FL 32903 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME MANAGER OF THE MEMBER ☒ Change ☐ Addition
MICHAE DERRICK
STREET ADDRESS 404 NORTH MIRAMAR AVE
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

[Signature] MICHAEL DERRICK MANAGER OF THE MEMBER

01/30/01

381-723-5611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)