

2001 UNIFORM BUSINESS REPORT (UBR)

0021798 AF

DOCUMENT # L97000000849

1. Entity Name
THELEN ENTERPRISES, L.C.

FILED

01 MAR -5 PM 2:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**5393 GULF OF MEXICO DRIVE
UNIT 112-B
LONGBOAT KEY FL 34228**

Mailing Address
**5393 GULF OF MEXICO DRIVE
UNIT 112-B
LONGBOAT KEY FL 34228**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

4. FEI Number **65-0829804**

Applied For 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	
THELEN, GEORGE J 5393 GULF OF MEXICO DRIVE UNIT 112-B LONGBOAT KEY FL 34228				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code

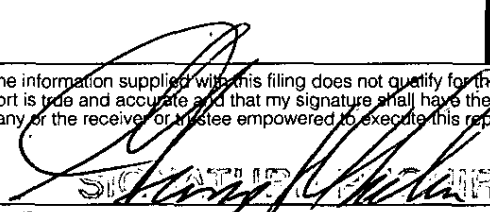
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THELEN, GEORGE J 5393 GULF OF MEXICO DR., UNIT 112-B LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003827779--5 -03/09/01--01033--015 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** **3/1/01** **941-383-4656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)