

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-07-2003 90010 007 ****50.00

DOCUMENT # L97000000893	
1. Entity Name CHRISAMI, L.C.	

Principal Place of Business % HANS TANNER 800 LAUREL OAK DR. #200 NAPLES FL 34108	Mailing Address % HANS TANNER 800 LAUREL OAK DR. #200 NAPLES FL 34108
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2. Principal Place of Business 46 HANS TANNER Suite, Apt. #, etc. 8370 Excalibur Circle, Suite J6	3. Mailing Address P.O. Box 770670 Suite, Apt. #, etc.
City & State Naples, Florida	City & State Naples, Florida
Zip 34108	Country USA
Zip 34107	Country USA



☐ CHECK HERE IF MAKING CHANGES

4. Name and Address of Current Registered Agent SULLIVAN, LANA J 800 LAUREL OAK DR. #200 NAPLES FL 34108		5. Name and Address of New Registered Agent NAME: SAME Street Address (P.O. Box Number is Not Acceptable) 8370 Excalibur Circle Suite J6 City: Naples FL Zip Code: 34108	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LANA J. SULLIVAN Lana J. Sullivan DATE 4/3/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TANNER, HANS E 800 LAUREL OAK DR., STE 200 NAPLES FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TANNER, HANS E. 8370 Excalibur Circle, Suite J6 Naples, Florida 34108 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M YELLOW CREEK COMPANY, INC. 800 LAUREL OAK DR., STE 200 NAPLES FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M YELLOW CREEK COMPANY, INC. 8370 Excalibur Circle, Suite J6 Naples, Florida 34108 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: HANS TANNER **SIGNATURE REQUIRED** DATE 4/3/03 239-514-4458

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

CR2E083 (10/02)