## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 13, 2002 8:00 am Secretary of State DOCUMENT # L9800000478 1. Entity Name ROSLAN PROPERTIES, L.C. 05-13-2002 90211 019 \*\*\*\*50 00 Principal Place of Business Mailing Address 4900 BRYWILL CIRCLE P.O. BOX 3234 SARASOTA FL 34234 961180 SARASOTA FL 34230-3234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0846859 Zip Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INVESTOR HOMES, INC. 4900 BRYWILL CIRCLE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34234 City 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 Fiorida. 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 Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE Delete TITLE NAME RYR PROPERTIES, INC. Change ☐ Addition NAME STREET ADDRESS 1600 STELLA DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP **MGRM** ☐ Delete TITLE Change ☐ Addition NAME INVESTOR HOMES, INC. NAME STREET ADDRESS 4900 BRYWILL CIRCLE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP TITLE . Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does per qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is frue 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE