2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000736

1. Entity Name

CONECA PROPERTIES, L.C.

Principal Place of Business	Mailing Address
10100 W. SAMPLE ROAD. SUITE 309 CORAL SPRINGS FL 33365	10100 W. SAMPLE ROAD. SUITE 309 CORAL SPRINGS FL 33365

2. Principal Place of Business
210 N. University Drive
Suite, Apt. #, etc. Suite 212
City & State Coral Springs, FL
Zip 33071-7339 Country USA

3. Mailing Address
210 N. University Dr.
Suite, Apt. #, etc. Suite 212
City & State Coral Springs, FL
Zip 33071-7339 Country USA

4. FEI Number 65-0841140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNLEAVY, DAVID
10100 W. SAMPLE ROAD, SUITE 309
CORAL SPRINGS FL 33365

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
210 N. University Drive
Suite 212
City Coral Springs FL Zip Code 33071-7339

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 _____ David Dunleavy _____ DATE 1/11/01

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 Department of State

9. MANAGING MEMBERS / MEMBERS | **10.** ADDITIONS / CHANGES

	MANAGING MEMBERS / MEMBERS	Delete		ADDITIONS / CHANGES	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONECA PROPERTIES, LTD. 10100 W. SAMPLE ROAD, SUITE 309 CORAL SPRINGS FL 33365	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	210 N. University Drive Suite 212 Coral Springs FL 33071-7339	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003576165--4 01/26/01 01030 012 *****55.00 *****55.00	☐ 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	CONECA PROPERTIES, L.C. By: CONECA PROPERTIES, LTD., as sole member By: CONECA, INC., as General Partner	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E083 (11/00)

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 or supplemental 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.

By: _____
SIGNATURE: _____ David Dunleavy _____ President

Date 1/11/01   Daytime Phone # 954-340-5594

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