Daytime Phone #

Date

2000 UNIFORM BUSINESS REPORT (UBR)

					-	F4.1	ND.		
DOCUMENT # L9800001138 1. Entity Name PELICAN BAY DEVELOPMENTS III, L.C.							ĒD		
					00 MAY - 1 AM 11: 38				
	,	, =: 5:				SECRETAR	A DE STA	TF	
Principal Plac	e of Business	Mailing Address			1	JALLAHASS	EE, FLÖI	RIDA	
24840 BURNT PINE DRIVE. SUITE 2 24840 BURNT PINE DRIVE				2		1			
BONITA SPRIM	NGS FL 34134	BONITA SPRINGS	FL 34134-2999			1			
2. Principal Place of Business , 3. Mailing Address			3					A HATEL HADA HATA	
Suite, Apt. #, etc. Suite, Apt. #, etc.			 D.	DO NOT			VRITE IN THIS SPACE		
City & State City & State				· <u></u>	4 EEI Numb	FI Number 59-3527094 Applied For			
City & State		City & State	City & State			4. FEI Number APPLIED FOR Applied For Not Applicable			
Zip Country		Zip	Zip Cou		5. Certificat	e of Status Desired	S5.00 Additional Fee Required		
	6. Name and Address of Curre	i ent Registered Agent	1		7. Name an	d Address of New F			
CONTROL A TROUBLE				Name 	and the second of the second				
CONROY, J. THOMAS III MORRISON & CONROY, III				Street Address	(P.O. Box Numb	er is Not Acceptable	e) <u>—</u>		
	IIAMI TRAIL NORTH, SUITE 402				-				
NAPLES FL 34103				City			FL Zip Code ¹		
8. The above	named entity submits this statemen	it for the purpose of chang		ed office or register	red agent, or be	oth, in the State of Fl	orida.		
		. ,		_					
SIGNATURE ,	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Registered	d Agent signature required	d when reinstating)		DATE		
			LE NOWILLE	EE 10 650 00					
				FEE IS \$50.00 Department o	of State				
			10.				1011111050		
9. TITLE	MANAGING MEMBERS/MEMBERS MGRM Delete			:	ADDITIONS/CHANGES Add				Addition
MAME	NASHMAN, JAMES A 24840 BURNT PINE DRIVE, SUITE 2 BONITA SPRINGS FL 34134 MGRM			E					_
STREET ADDRESS CITY-ST-ZIP				ET ADDRE88 · 81 · ZIP	400000000049°				
TITLE				TITLE -05/22/00-010100000000000000000000000000000					
NAME	LAUER, RICHARD A		NAM1	ME 米米米米)			¢50.00 *****58.00		
STREET ADDRESS City-St-Zip	24840 BURNT PINE DRIVE, S BONITA SPRINGS FL 34134	UITE 2		ET ADDRESS ST-ZIP					
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indicated	certify that the information supplied on this report is true and accurate a	and that my signature sha	II have the same	elegal effect as if r	nade under oat	h; that I am a mana _!	I further cert ging membe	ify that the li r or manage	nformation er of the
limited lia	bility company or the receiver or tru	stee empowered to execu	ite this report as	required by Chap	ter 608, Florida	Statutes.	. - !		
				J	0	1-20-2000	941-4	498-536	53

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER