

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001286
 1. Entity Name
414 INVESTMENTS, L.L.C.

FILED

00 JAN 18 PM 2:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**823 BRIGHTWATER CIRCLE
 MAITLAND FL 32751**

Mailing Address
**823 BRIGHTWATER CIRCLE
 MAITLAND FL 32751-4219**



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

3. Mailing Address
**1600 US Hwy 64W
 Suite, Apt. #, etc.
 167**

DO NOT WRITE IN THIS SPACE

City & State
Sapphire N.C.

City & State
Sapphire N.C.

Zip
28774

Country
USA

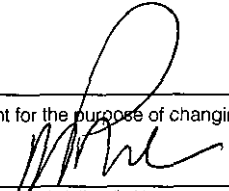
4. FEI Number **59-3524958** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**POHL, ARTHUR S
 823 BRIGHTWATER CIRCLE
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent
 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 **1/15/00**

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	POHL, ARTHUR S	823 BRIGHTWATER CIRCLE	MAITLAND FL 32751	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 REQUIRED  **1/15/00** **828-883-80**

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