

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001403

1. Entity Name

MPIB, LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 PM 4:09



DO NOT WRITE IN THIS SPACE

Principal Place of Business 602 FRONT STREET CELEBRATION FL 34747		Mailing Address 602 FRONT STREET CELEBRATION FL 34747	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3537066		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DIAMOND, PHILIP A C/O CARLTON FIELDS 255 SOUTH ORANGE AVE., SUITE 1600 ORLANDO FL 32801		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

000004618380--2
-10/01/01--01073--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLINS, PAUL P P.O. BOX 470515 CELEBRATION FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

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

9/27/01

(407) 366-832

STAPLE CHECK HERE

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