

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 26 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001984

1. Entity Name
LYLE & LYLE, L.L.C.

Principal Place of Business Mailing Address
222 BEACH DR. N.E. 222 BEACH DR. N.E.
ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701

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 59-3539257 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

DAMONTE, JONATHAN J
10153 118TH WAY
SEMINOLE FL 33772

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 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

900004194639-8
-05/10/01-01142-008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR LYLE, DIANE R
STREET ADDRESS 7296 BRYCE POINT
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE NAME MGR LYLE, KEITH A
STREET ADDRESS 9015 MAYPUN PLACE
CITY-ST-ZIP LARGO FL 33777

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS 9015 MAYPUN PLACE
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Diane B. Lyle* 4/24/01 727-698-2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0018252 AT

CR2E083 (11/00)