

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002176

1. Entity Name
OAKRIDGE PRODUCTS HOLDINGS L.L.C.

Principal Place of Business: 2440-A TAMIAMI TRAIL, PORT CHARLOTTE FL 33952
Mailing Address: P.O. BOX 512152, PUNTA GORDA FL 33951-2152



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0868476** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCHAS, FREDERICK P
2440-A TAMIAMI TRAIL
FORT CHARLOTTE FL 33952

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 _____

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM BUCHAS, FREDERICK P P.O. BOX 512152 PUNTA GORDA FL 33951-2152	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGRM BUCHAS, JUDITH F P.O. BOX 512152 PUNTA GORDA FL 33951-2152	<input type="checkbox"/> Change <input type="checkbox"/> Addition	000003249270--4 -05/11/00--0114--011 ****50.00 ****50.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: FREDERICK P BUCHAS 4-24-00 (941) 255-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)