

# 2001 UNIFORM BUSINESS REPORT (UBR)

UBR 11/00

**DOCUMENT # L98000002205**

1. Entity Name  
**LUTGEN MANAGEMENT, L.L.C.**

FILED

01 FEB -8 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>C/O 25413 ALCANTE DRIVE BONITA SPRINGS FL 34134</b>	Mailing Address <b>C/O 25413 ALCANTE DRIVE BONITA SPRINGS FL 34134</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>59-3557620</b>	Applied For
	Not Applicable

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADLEY, TODD L ESQ.  
5551 RIDGEWOOD DRIVE, SUITE 501  
NAPLES FL 34108**

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>MGR LUTGEN, H. MICHAEL C/O 25413 ALCANTE DRIVE BONITA SPRINGS FL 34134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>400003677634--8</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>-02/13/01--01102--004</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>*****50.00 *****50.00</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: H. Michael Lutgen **H. Michael Lutgen** Date: 2/6/01 Daytime Phone #: 941 948 1935

CR2E083 (11/00)