

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90083 031 ****50.00

DOCUMENT # L98000002205

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

Principal Place of Business C/O 25413 ALCANTE DRIVE BONITA SPRINGS FL 34134	Mailing Address C/O 25413 ALCANTE DRIVE BONITA SPRINGS FL 34134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O 24260 WOODSAGE DR Suite, Apt. #, etc.	3. Mailing Address C/O 24260 WOODSAGE DR Suite, Apt. #, etc.
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City & State BONITA SPRINGS	City & State BONITA SPRINGS FL	4. FEI Number 59-3557620	Applied For <input type="checkbox"/> Not Applicable
Zip FL	Country 34134	Zip 34134	Country

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADLEY, TODD L ESQ. 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 34108	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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUTGEN, H. MICHAEL C/O 25413 ALCANTE DRIVE BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUTGEN H. MICHAEL C/O 24260 WOODSAGE DRIVE BONITA SPRINGS FL 34134 <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: **2/25/02** **941 948 1955**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)