## 2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS NEPONI (UBN)									
DOCUMENT # L9800002227						FILED			
LINNY CONNER CONSULTING, LC						SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Plac	Mailing Address	ng Address			00 SEP -5 AM-10: 02				
165 SABEL L		165 SABEL LANE			Ì		,	2 Ø	
MULBERRY F	L 33860	MULBERRY FL 33860						M	
2. Principal F	Place of Business	3. Mailing Address				יוופת וויצר ווותן ופיסו פוס וומוופתן ו	99111 <b>98</b> 211 <b>5</b> 912 <b>9</b> 11 <b>913</b>	ישטר נעשר נוסור שושרה	1
	INDSOR LANE	Suite, Apt. #, etc. 98WINDSOR LANE				OO NOT WRITE IN THIS SPACE			
City & State MULBERRY, FL		City & State MULBERRY, FL			4. FEII	59-3539416	-	Applied For Not Applicabl	le
3386	Country	Zip.	Zip 3860 Country		5. Cert	ificate of Status Desired	□ \$5.00 Fee Req	Additional	
7204	6. Name and Address of Current I				7. Nam	e and Address of New Reg			٥
CONNER, LINWOOD A JR.				Name					
165 SABI			Street Address (P.O. Box Number is Not Acceptable)					╛	
MULBERF	RY FL 33860				·				╛
				City			FL Zip (	ode	
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 it applicable. (NOTE: Registered Agent signature requirements)							DATE	F	
	organization and a printed name or registered agent a		<del> </del>		,	110)	DAIR	<del> </del>	-
		Make Check Pay		FEE IS \$50.4 to Departmen		į			
9.	MANAGING MEMBER	OS/MANAGERS	10			ADDITIONS/CI	HANGES	·	4
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NAME STREET ADDRESS	CONNER, LINWOOD A JR. 165 SABEL LANE		NAJ STR	ME REET ADDRESS					
CITY-ST-ZIP	MULBERRY FL 33860			Y-ST-ZIP					_  {
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CITY-ST-ZIP	·			Y-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: 14 SUNDON 14 SUNDON 19 100 863-869-8057									
		FED NAME OF SIGNING MANAGING M	IEMBER	OR MANAGER		Bate	Daytime Phon	a#	