

DOCUMENT # L98000002229

1. Entity Name  
AGBLLC OF FLORIDA, LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02

Principal Place of Business  
3225 AVIATION AVENUE, SEVENTH FLOOR  
COCONUT GROVE FL 33133

Mailing Address  
3225 AVIATION AVENUE, SEVENTH FLOOR  
COCONUT GROVE FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0927001**  
**APPLIED FOR**

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

KAMENESH, PETER Z  
3225 AVIATION AVENUE, SEVENTH FLOOR  
COCONUT GROVE FL 33133

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 *Peter Z. Kamenesh* (NOTE: Registered Agent signature required when reinstating) DATE *10-16-00*

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  Delete  
STREET ADDRESS FT. MYERS MANAGEMENT, INC.  
CITY-ST-ZIP 3225 AVIATION AVENUE, SEVENTH FLOOR  
COCONUT GROVE FL 33133

TITLE NAME  Delete

TITLE NAME  Delete

TITLE NAME  Delete

TITLE NAME  Delete

TITLE NAME  Delete

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Change  Addition

TITLE NAME  Change  Addition

TITLE NAME  Change  Addition

TITLE NAME  Change  Addition

TITLE NAME  Change  Addition

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-11/07/00--01056--016  
\*\*\*\*150.00 \*\*\*\*150.00

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: *John R. Aldrich* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER) DATE *10-16-00* Daytime Phone # *518-436-0751*  
*John R. Aldrich, Secretary Ft. Myers Management, Inc.*