2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800002258 sp LLC	FILED 01 MAY - 1 PM 5: 13
	SECRETARY OF STATE
Principal Place of Business Mailing Address	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2154 TRADE CENTER WAY. SUITE 3 NAPLES FL 34109 2154 TRADE CENTER WAY. SUITE 3 NAPLES FL 34109	
2. Principal Place of Business C/O 3. Mailing Address C/O	
Landmark Development Group Landmark Development	
Suite, Apt. #, etc. Suite, Apt. #, etc. 5668 Strand Court, #108 5668 Strand Court, #	DO NOT WRITE IN THIS SPACE
City & State City & State	4. FEI Number Applied For
Naples, FL Naples, FL	59-7135753 Not Applicable
Zip Country Zip Country	5. Certificate of Status Desired \$5.00 Additional
34110 US 34110 US 6. Name and Address of Current Registered Agent	Fee Required
· 	7. Name and Address of New Registered Agent
CLASP INC.	treet Address (P.O. Box Number is Not Acceptable)
C/O CUMMINGS & LOCKWOOD	
3001 TAMIAMI TRAIL NORTH, 4TH FLOOR NAPLES FL 34103	ity FL Zip Code
The above named entity submits this statement for the purpose of changing its registered of	ffice or registered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent	nt signature required when reinstating) DATE
	ll l
FILE NOW!!! FEE	k1 '
9. MANAGING MEMBERS 10.	ADDITIONS/CHANGES
TITLE MGR Delete TITLE	MGR X Change Addition
NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 SHAFRAN, ARTHUR A STREET ADD	
TITLE MGR Delete TITLE	MGR
NAME PIERCE, JAMES E STREET ADDRESS 2154 TRADE CENTER WAY, SUITE 3 NAME STREET ADDRESS	= = = = = = = = = = = = = = = = = = =
CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZI	
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADC STREET ADC CITY-ST-ZIP	
TITLE Delete TITLE	******50.00 国和编辑等500例的ion
NAME NAME	
STREET ADDRESS STREET ADD	
CITY-ST-ZIP CITY-ST-ZI	<u> </u>
TITLE Delete TITLE NAME NAME	☐ Change ☐ Addition
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE	
□ Delete ■ III.C.	Change Addition
NAME NAME	
	DRESS

limited liability company or the receiver or trustee empowered to execute this eport as required by Chapter 608, Florida Statutes.

SIGNATURE: AND TYPE OF SIGNATURE AND TYPE OF SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

941-597-8400

Date

Daytime Phone #

CR2E083 (11/00)