APPROYEU AND

2000 UNIFORM BUSINESS REPORT (UBR)

L98000003049 DOCUMENT # 00 APR 29 AM 10: 14 1. Entity Name METRO 11871, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5900 ENTERPRISE PARKWAY 5900 ENTERPRISE PARKWAY FORT MYERS FL 33905-5003 FORT MYERS FL 33905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #. etc. DO NOT WRITE IN THIS SPACE $\mathcal{M}_{\mathcal{M}}$ Applied For 4. FEI Number City & State City & State 65-0884261 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUNDSCHU, CHRIS Street Address (P.O. Box Number is Not Acceptable) 5900 ENTERPRISE PARKWAY FORT MYERS FL 33905 Zip Code City FL 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. Change Addition Deteta TITLE TITLE SOUTHWEST FLORIDA EQUITIES CORPORATION MAME MAME STREET ADDRESS STREET ACORESS 5900 ENTERPRISE PARKWAY CITY-\$1-ZIP C1TY- ST-71P FORT MYERS FL 33905 **Addition** Change Delete TITLE NAME MAME DFZ ENTERPRISES, INC. 600003249266---05/11/00--01114--<u>01</u>0 STREET ADDRESS STREET ADDRESS 428 FAWN HILL PLACE CITY- ST- ZIP C1TY- 2T- 78P SANFORD FL 32771 Delete TITLE KAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY - 8T - ZIP TITLE (Change Addition ☐ Delate TITLE NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP ☐ Change Addition ☐ Deteta TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-8T-ZIP ☐ Delete П Спапде Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY- 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 AND TYPED OR PEINTED NAME OF SIGNING MANAGING MEMBER OF MANAGERO I A Equities Corp.

SIGNATURE: