2001	UNIFORM	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)
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DOCUMENT # L9800003049					FILED					
METRO	METRO 11871, L.L.C.						OL API	R 23 PM 2:		
	- <u></u> -									
Principal Place of Business Mailing Address							SECRE TALLAH	TARY OF STA ASSEE, FLOI	ATE PIDA	
5900 ENTERPRISE PARKWAY 5900 ENTERPRIS FORT MYERS FL 33905 FORT MYERS FL			ERPRISE PARKWAY ERS FL 33905				7 ( ) November 2 (14 §	AUGEE, E CO	MUIN	
	·	<u> </u>								i
		3. Mailing Address 6700-1 Dani	Mailing Address 6700-1 Daniels Parkway							
Suite, Ap		Suite, Apt. #, etc.		RWAY	†		DO NOT WRITE	IN THIS SPACE		
City & Sta Fort	ale Myers, FL	City & State Fort Myers,	FL		4. FEI	Number	65-0884261		Applied For	
Zip 33912		Zip 33912	Country		5. Ceri	tificate of S	Status Desired	\$5.00 / Fee Regu	Additional	ie
	6. Name and Address of Curren	t Registered Agent		lame	7. Nam	ne and Ad	dress of New Re	gistered Agent		⊒′
BUNDSO	CHU, CHRIS				PO Boy	Numbar is	Not Acceptable)			
	ITERPRISE PARKWAY		<u>6</u>	700-1 Da	niels	Park	way			_
PON I W	YERS FL 33905		-	ity		<del></del>		7:0		
8. The above	e named entity submits this statement f	or the purpose of changing its	F F	ort Myer	s,			FL Zip C	ode 3912	
	o that the state of the state o	or the purpose of changing its	registereu or	nice or register	ed agent,	or both, in	the State of Florid	da.		1
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE	: Registered Ager	nt signature required	when reinstat	ting)	·	DATE		
ŧ		FILE NO Make Check Pa		IS \$50.00 epartment of	f State	£,;£,		163156 0101120-		
9.	MANAGING MEMB	ERS/MEMBERS	10.	_	_	<u> </u>	ADDITIONS/CI			_
TITLE Name Street address City-St-Zip	3900 ENTERPRISE PARKINAT		TITLE NAME STREET ADD				s Parkway	<b>₩</b> Change	Addition	E083 (11/00)
TITLE	FORT MYERS FL 33905 MGRM		TITLE	For	т муе	rs, F	L 33912	☐ Change	Addition	⊣ ≂
NAME STREET ADDRESS CITY-ST-ZIP	DFZ ENTERPRISES, INC. 428 FAWN HILL PLACE SANFORD FL 32771	,	NAME STREET ADD CITY-ST-ZI					i change	. Addition	\   
TITLE	SAIN OND IL SZITI	Delete	TITLE	•	<del></del>		<del>-,</del>	☐ Change	☐ Addition	1
NAME Street address City-St-Zip			STREET ADD							
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADD	RESS				Change	☐ Addition	1
CITY-ST-ZIP			CITY-ST-ZIF	<u>.</u>				·····		
IAME STREET ADORESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	•				☐ Change	☐ Addition	
ITLE F AME F TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDR					☐ Change	Addition	1
ITY-ST-ZiP	ortify that the info	Al-la Cita	CITY-ST-ZIP		<del></del>		····			
indicated (	ertify that the information supplied with on this report is true and accurate and pility company or the receiver or truetoe	rnis riling does not qualify for t that my signature shall have th	he exemption e same legal	n stated in Sect l effect as if ma	tion 119.0 de under	7(3)(i), Flo	rida Statutes. I fur Lam a managing	ther certify that the	information	

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CHRIS BUNDSCHIM AFES SA MANAGER OF AUTHORIZED REPRESENTATIVE

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