

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90167 044 ****55.00

DOCUMENT # L98000003287

1. Entity Name

RADIAN ENTERPRISES, L.L.C.

Principal Place of Business

**8951 BONITA BEACH ROAD SUITE 525
PMB 400
BONITA SPRINGS FL 24135-0000**

Mailing Address

**3412 CLARK ROAD
SARASOTA FL 34231-8046**

2. Principal Place of Business

3401 Bonita Beach Rd #108
Suite, Apt. #, etc.

3. Mailing Address

8951 Bonita Beach Rd
Suite, Apt. #, etc.
Suite 525 PMB 400

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34134

Country

USA

Zip

34135

Country

USA

4. FEI Number

65-0887691

Applied For

Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, E. JOHN
1819 MAIN STREET, SUITE 610
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **David B. Pittman**
Street Address (P.O. Box Number is Not Acceptable)
3401 Bonita Beach Rd. #108
City **Bonita Springs** **FL** Zip Code **34134**

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]
Signature, typed or printed name of registered agent and title if applicable.

David B. Pittman

(NOTE: Registered Agent signature required when reinstating)

2/4/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	M	<input type="checkbox"/> Delete
NAME	PITTMAN, DAVID B	
STREET ADDRESS	3412 CLARK RD PMB 116	
CITY-ST-ZIP	SARASOTA FL 34231-8046	
TITLE	M	<input type="checkbox"/> Delete
NAME	PITTMAN, KRISTIN C	
STREET ADDRESS	3412 CLARK RD PMB 116	
CITY-ST-ZIP	SARASOTA FL 34231-8046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

[Signature] on behalf of **Sandcastle Properties & Realty, LLC**
Manager of **Radian Enterprises, L.L.C.**

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

Date

2/4/01

Daytime Phone #

888-944-1055

CP2E083 (9/01)