| 2001 | UNIF | ORM | BUSINESS | REPORT | (UBR |
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| CAMBRIDGE SQUARE OF NAPLES, L.C. | | | | | | | 01 APR 20 PM 12: 01, | | | | | |
| | | | | | | | | SECRETARY | OF STATE | F . | | |
| , | rincipal Place of Business Mailing Address | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| 2171 PINE F NAPLES FL | RIDGE ROAD. 34109 | STE D | 2171 PINE RIDGE ROAD NAPLES FL 34109 |), ste d' | • | | | | | | | |
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| Principal Place of Business 3. Mailing Address | | | 3: Mailing Address | ` | | | | | | | | |
| 3431 Suite, Apt. | | Kidge Ross | 3431 Pire Ridge Rossos Suite, Apt. #, etc. | | | 9442 | | DO NOT WE | HTE IN THIS SE | PACE | | |
| 4:2 | |) | Suite 101 | | | | DO NOT WRITE IN THIS SPACE | | | | _ | |
| City & Stat | les | PC | City & State NAPLES FL | | | 4. FÉIN | ^{1umber} 59-35485 | 10 | | plied For t Applicable | , | |
| 341 | D9 | Country | 34109 | ., Cour | ntry | | 5. Certif | icate of Status Desired | | 5.00 Add | | 1 |
| | 6. Name | and Address of Current F | | | Ţ | | 7. Name | and Address of New | | | · | |
| ~~~ | | <u> </u> | | - | Name • | 40 C | | PARTIS | h | | | |
| PARRISH 2171 PIN | • | IOAD, STE D | | | Street A | ddress (P.O. Box Number is Not Acceptable) | | | | | | |
| | FL 34109 | | | | 5 | ife | | 101 | | | |] |
| | | | | | City | JAP | les. | | FL | 241 | 6 9 | 1 |
| 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 | $X \angle$ | // | - . | | | | | X | 3/14/ | 01 | | |
| | Signature Typed | or printed name of registered agent ar | nd title if applicable. (NOT | E: Registere | d Agent signat | ure required wh | en reinstatin | ng) / | DATE | | | _ |
| FILE NO | | | | | - | | | | <u></u> | | | · |
| | | | Make Check Pa | yable t | o Depart | ment of S | State | | | | | |
| 9. | Т " | MANAGING MEMBE | | 10. | | Ω | | | CHANGES | | M | ے[|
| MGR (CAMBRIDGE SQUARE DEVELOPMENT CO | | | TITL NAM | | 702 | [0 | R MGRM | , | Change | Addition | 14/0 | |
| STREET ADDRESS | 2171 PIN | E RIDGE ROAD, STE D | STREE | | EET ADDRESS '-ST-ZIP | 3431 | R | ne Ridge | /C.#AP | 4101 | | 280 |
| City-St-ZIP | NAPLES | FL 34109 | ☐ Delete | TITL | | Miche | | ` 4 1 A A A A - I | CAITHNE! | Change | Addition | Ä |
| NAME | | | | NAM | lE . | 3431 | Pine | 2 Robbe Ra | 9# PO1 | _ , | ٦. | |
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| STREET_ADDRESS CITY-ST-ZIP | , | | | | ET ADDRESS -ST-ZIP | | | | | | | |
| 11. I hereby o | ertify that the | e information supplied with t | his filing does not qualify for | the exe | mption stat | ted in Secti | on 119.0 | 7(3)(i), Florida Statutes | I further certify | y that the in | formation | 1 |
| 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 rustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | | | | |
| | | D MAST | — Ling oroni | | <u></u> | | X | 2/11/1- | , | | | |
| SIGNAT | URE: _ | AND TOPES OR PRINTED NAME OF | en billing in 21.55 (1944). Signing Managing Member, Mai | NAGER, OR | N AUTHORIZED | REPRESENTA | ATIVE | 2/17 /01 Date | Day | time Phone # | | |