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2001	UNIFORM	BUSINESS	REPORT	(UBR
	— 1111 — 11111			\

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DOCUMENT # L9900000212 1. Entity Name LICAL COMMISSIONAL PROPERTIES - L. C.						FILED					
Spectrum Properties, L.L.C. Spectrum Properties, L.L.C. NIM Amandment filed 1/10/01						(01 JAN 31 PM 12: 26				
Principal Place of Business Mailing Address 3410 W. NINE MILE ROAD 3410 W. NINE MILE ROAD					Lac	-	SECRETAR	Y OF ST	TATE		
	FL 32526-7808	PENSACOLA FL 32526-76					TALLAHAS	SEE, FLO	ORIDA		
2. Principal Place of Business 3. Mailing Address							1 (881) 811 614 1911 B 1811 B 8811 B	0)III 04 III 6 0 II	9\$iii 98ii9 is s ai	11810 (1B1 100f	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State			4. FEIN	^{umber} 59-355056	6	 	oplied For of Applicable	-	
Zip	Country	Zip	Cour	ntry -		5. Certif	icate of Status Desired		\$5.00 Add	litional d]
	6. Name and Address of Current	Registered Agent		Nam	10	7. Name	and Address of New I	Registered	Agent		1
JONES, I	H. GORDON					(PO Roy N	umber is Not Acceptable	<u> </u>			-
	NINE MILE ROAD			Sirek	et Address	(F.O. BOX N	umber is Not Acceptable				1
PENSACOLA FL 32526-7808				City	····			FL	Zip Code		4
9 The above	named entity submits this statement for	the purpose of changing its	ragietar			trane have	or both, in the State of Fl		<u>- </u>		1
o. The above	named entity submits this statement for	the purpose of changing its	ricgistor	9.5	na or region	Jou agoni,		3,100,			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent s	ignature require	ed when reinstation	ng)/	DATE			
•		FILE N	OW!!!	FEE (S \$50.00		/				
		Make Check Pa	yable t	o Dep	artment	of State	,				
9.	MANAGING MEMBE	ERS/MEMBERS	10.				ADDITIONS	/CHANGES	3		إ
TITLE NAME	MGR Jones, H. Gordon	☐ Delete	TITL NAA	-	_				Change	Addition	00/
STREET ADDRESS CITY-ST-ZIP	3410 W. NINE MILE ROAD PENSACOLA FL 32526-7808		STR	EET ADDRE '-ST-ZIP	ESS		T.				7 000
TITLE		☐ Delete	TITL	E				·	Change	☐ Addition	000
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STREET ADDRESS CITY-ST-ZIP				EET ADDRE	ESS			•		•	
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NAME STREET ADDRESS			NAM STRI	IE EET AODRE	:00						
CITY-ST-ZIP				-ST-ZiP							
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NAME ,	•		NAM			,					
STREET ADDRESS CITY PIP				EET ADDRE '-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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNAT	URE:	// REQUI			oren beres	ENTATIVE	1/29/01	(85	50) 944	- <u>3</u> 392	
	SIGNALUNG AND LIFED ON PRINTED RAME OF	STATES MARKET MEMBER, MA	uErl, UF	, au inun	LLEU NEFRES		Date	L	Daytime Phone #		I

SIGNATURE: