

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000305

1. Entity Name
MOHLER SWORDS LIMITED LIABILITY COMPANY

FILED

01 JAN 25 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
470 COLUMBIA DRIVE, SUITE 202A
WEST PALM BEACH FL 33409

Mailing Address
470 COLUMBIA DRIVE, SUITE 202A
WEST PALM BEACH FL 33409

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0887859** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOHLER, THOMAS
470 COLUMBIA DRIVE, SUITE 202A
WEST PALM BEACH FL 33409

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME **MGR MOHLER, TOM**
STREET ADDRESS **470 COLUMBIA DRIVE, SUITE 202A**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200003623652--7
-02/02/01--01007--017
*******50.00 *****50.00**

TITLE Delete
NAME **MGR SWORDS, CIARAN**
STREET ADDRESS **470 COLUMBIA DRIVE, SUITE 202A**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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TITLE Delete
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CITY-ST-ZIP

TITLE Change 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: Ciaran Swords 1/17/01 561-6845657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)