

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000386

1. Entity Name
FLORIDA PINES PROPERTIES, L.L.C.

FILED

01 APR 23 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
113 FRONT STREET, UNIT #206
KEY WEST FL 33040

Mailing Address
113 FRONT STREET, UNIT #206
KEY WEST FL 33040



2. Principal Place of Business
11320 Longwater Chase Ct
Suite, Apt. #, etc.

3. Mailing Address
11320 Longwater Chase Ct
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft Myers, FL

City & State
Ft Myers, FL

4. FEI Number 25-4329092

Applied For
Not Applicable

Zip
33908

Country
USA

Zip
33908

Country
USA

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

CUNNINGHAM, DAVID A
113 FRONT STREET, UNIT #206
KEY WEST FL 33040

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 *David A. Cunningham*
Signature, typed or printed name of registered agent and title if applicable.

DAVID A. Cunningham
(NOTE: Registered Agent signature required when reinstating)

4-17-01
DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME CUNNINGHAM, DAVID
STREET ADDRESS 113 FRONT STREET, UNIT #206
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE MGRM
NAME Cunningham, David
STREET ADDRESS 11320 Longwater Chase Ct
CITY-ST-ZIP Ft. Myers, FL 33908 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *David A. Cunningham* 4-17-01 941-415-2692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0007363 AF

CR2E083 (11/00)