2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000688

1. Entity Name
LECARNASSIER LLC

Principal Place of Business	Mailing Address
~~6729 LAPALMA LANE~~ ~~NAPLES FL 34109~~	~~6729 LAPALMA LANE~~ ~~NAPLES FL 34109-7755~~

2. Principal Place of Business	3. Mailing Address
1270 WAGGLE WAY	1270 WAGGLE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip 34108 Country USA	Zip 34108 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3552515 ☐ Applied For ☐ Not Applicable

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
DENOMME, THOMAS K ~~6729 LAPALMA LANE~~ ~~NAPLES FL 34109~~	Name Street Address (P.O. Box Number is Not Acceptable) 1270 WAGGLE WAY City NAPLES **FL** Zip Code 34108

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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-05/18/00--01012--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DIRIGISTE DEUX LLC ~~6729 LAPALMA LANE~~ ~~NAPLES FL 34109~~	☐ Delete	MGRM DIRIGISTE DUEX, LLC 1270 WAGGLE WAY NAPLES, FL 34108	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	MEMBER - CFO MICHAEL A. WYSS 3085 ARDOON WAY SILVER LAKE, OH 44224	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: X [signature] CFO 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #