

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001421

1. Entity Name
DDLJ INVESTMENTS, LLC

FILED

01 MAR -7 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
16911 GATOR ROAD
FORT MYERS FL 33912

Mailing Address
16911 GATOR ROAD
FORT MYERS FL 33912-5902

2. Principal Place of Business
425 Docksides Dr.
Suite, Apt. #, etc.
#402

3. Mailing Address
425 Docksides Dr.
Suite, Apt. #, etc.
#402

City & State
Naples, FL
Zip
34110

Country
USA

City & State
Naples, FL
Zip
34110

Country
USA

4. FEI Number
65-0904821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, LARRY W
16911 GATOR ROAD
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name Thomas P. McNamara
Street Address (P.O. Box Number is Not Acceptable)
2909 Bay 10 Bay Blvd.
Suite 309
City Tampa FL Zip Code 33629

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

4/19/00

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, LARRY W 16911 GATOR ROAD FORT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAUER, DELORES 16911 GATOR ROAD FORT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Larry W. Smith 425 Docksides Dr. #402 Naples, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delores Gauer 425 Docksides Dr. #402 Naples, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004076897-3 -04/25/01--01045--012 ***200.00 ***200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100.00 50.00 50.00	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/19/00 941-591-0079

0008418 AF

CR2E083 (9/99)