2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000001525

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 3:06

1. Entity Name

RIDERS OF THE LOST EMPIRE, L.C.

Principal Place of Business	Mailing Address
4277 SE RAINBOW'S END STUART FL 34997	4277 SE RAINBOW'S END STUART FL 32948-5684

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13355 79TH ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FELLSMERE, FL	City & State
Zip: 32948 Country: INDIAN RIVER	Zip Country

4. FEI Number ☑ 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
KAY, ANDREW F JR 4277 SE RAINBOW'S END STUART FL 34997	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 _____ 3/15/00
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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KAY, ANDREW F JR 4277 SE RAINBOW'S END STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 13355 79TH ST. FELLSMERE, FL 32948
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRADLEY, DON 1176 CHERLYN TERRACE W PALM BEACH FL 33406	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHELEY, ERIC 6560 DALLAS AVENUE PORT ST JOHN FL 32927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900003187 ☐ Change ☐ Addition -03/28/00--01079--004 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / 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: SIGNATURE REQUIRED 3/15/00 561 571-1064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone