2000 UNIFORM BUSINESS REPORT (UBR)

0001557 AF

DOCUMENT # L99000001525

1. Entity Name
RIDERS OF THE LOST EMPIRE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 3:06

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 _____ DATE 3/15/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	900003187479 ☐ 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