2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000001753

1. Entity Name
LANTANA REALTY, LLC

FILED
01 FEB 23 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O CORPORATION SERVICES CO. 1201 HAYS STREET TALLAHASSEE FL 32301	C/O CORPORATION SERVICES CO. 1201 HAYS STREET TALLAHASSEE FL 32301

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-2458765 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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
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

300003782723--2
-02/27/01--01081--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HOWARD D. WILSON, JR. TRUSTEE 248 CENTRAL STREET BERLIN MA 01503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HOWARD D. WILSON, JR. TRUST 248 CENTRAL STREET BERLIN, MA 01503	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THE HAILA R. WILSON TRUST 248 CENTRAL STREET BERLIN MA 01503	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (11/00)

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.

HAILA R. WILSON

SIGNATURE: Haila R. Wilson 2/21/01 843-686-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (Date) (Daytime Phone #)