APPROVEU

2000 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business 1299 GALLEON DRIVE NAPLES FL 34102 1290 Country 1290 Status Desired Place of Status Desired Place Name Name NCCORD, HERBERT W 1293 GALLEON DRIVE NAPLES FL 34102 1290 City FL 2 1290 City FL 2 1290 City FL 2 1290 City FL 2 1290 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 1299 GALLEON DRIVE NAME 1290 GALLEON DRIVE NAPLES FL 34102 1290 GALLEON DRIVE	ACE Applied For Not Applicable 5.00 Additional ae Required	FALL AHASSEE, FLORIDA	3	1299 GALLEON DRIVE NAPLES FL 34102-7709	I DRIVE 102	1299 GALLEO
NAPLES FL 34102 NAPLES FL 34102-7709 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired Street Address of Name and Address of New Registered Agent Name MCCORD, HERBERT W 1299 GALLEON DRIVE NAPLES FL 34102 City Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) SIGNATURE Signature, typed or printed name of registered agent and still # applicable. NOTE: Registered Agent aliquiture required when reinstating) DATE FILE NOW!!! FE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS /MEMBERS MGR MCCORD, HERBERT W MGR MCCORD, HERBERT W MGR MCCORD, HERBERT W ADDITIONS/CHANGES TITLE MGR MCCORD, HERBERT W MCCORD, HERBERT W MCCORD, HERBERT W ADDITIONS/CHANGES	Applied For Not Applicable 5.00 Additional ee Required		3	NAPLES FL 34102-7709		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Country 5. Certificate of Status Desired \$5.1 Fee 7. Name and Address of New Registered Agent Name MCCORD, HERBERT W 1299 GALLEON DRIVE NAPLES FL 34102 City FL 2 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 the if applicable. NOTE: Registered Agent signature required when reinstatung) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS Deletts TITLE MGR MCCORD, HERBERT W DO 0000328034	Applied For Not Applicable 5.00 Additional Re Required			3. Mailing Address		
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Zip Country Zip Country 5. Certificate of Status Desired \$5.1 Fee! 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCORD, HERBERT W 1299 GALLEON DRIVE NAPLES FL 34102 City FL Z 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: Registored Agent signature required when reinstatung) PATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES TITLE MGR MCCORD, HERBERT W NAME MCCORD, HERBERT W	Not Applicable 5.00 Additional se Required			Suite, Apt. #, etc.	t, etc.	Suite, Apt.
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MCCORD, HERBERT W 1299 GALLEON DRIVE NAPLES FL 34102 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. NAME Name Street Address (P.O. Box Number is Not Acceptable) City FL Z City FL Z NAME N		5 Cortificate of Status Desired S5.00	Country	Zip	Country	Zip
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B. 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 9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES TITLE MGR MCCORD, HERBERT W NAME NAME					•	
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	Zip Code	Zip C	City		L 04102	MAI LLO I
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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 eath; 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

Daytime Phone #