2000 UNIFORM BUSINESS REPORT (UBR)

L99000001966 DOCUMENT

1. Entity Name

UDELL MANAGEMENT COMPANY, L.L.C.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc

1900 SUMMIT TOWER BOULEVARD, SUITE 240 ORLANDO FL 32810

1900 SUMMIT TOWER BOULEVARD, SUITE 240

ORLANDO FL 32810-5911

APPROVED

00 APR 13 PM 4: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA of makes

	DO NOT WRITE IN THIS SPACE	E
	4. FEI Number	Applied For
	<i>59-3589</i> 3 <i>93</i> /	Not Applicable
	5. Certificate of Status Desired \$5.00 Additional Fee Required	
	7. Name and Address of New Registered Agent	
		· ·
I	P.O. Box Number is Not Acceptable)	

Zip Zip Country 6. Name and Address of Current Registered Agent Name KANE, STEVEN H Street Address (1061 MAITLAND CENTE COMMONS, SUITE 106 MAITLAND FL 32751 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. **MGRM** Change Addition | Delete TITLE TITLE UDELL. BRUCE MARKE NAME 1900 SUMMIT TOWER BLVD., SUITE 240 STREET ADDRESS STREET ADDRESS CITY- ST- 7IP CITY-ST-ZIP ORLANDO FL 32810 Addition TITLE MGRM NAME NAME udell, Janet STREET ADDRESS 1900 SUMMIT TOWER BLVD., SUITE 240 STREET ADDRESS ****55,00 *55.00 CITY-8T-ZIP ORLANDO FL 32810 Change Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STRFFT ADDRESS CITY-ST-ZIP CITY- ST-71P Addition Deteta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition | NAME STREET ADDRESS STREET &EDRESS CITY- 81- ZIP CITY-ST-ZIP ■ Addition ☐ Detete TITLE TITLE > NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-8T-ZIP

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.