

2001 UNIFORM BUSINESS REPORT (UBR)

0006150 AF

DOCUMENT # L99000002746

1. Entity Name
728 VIRGINIA DRIVE, L.L.C.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business 358 W. COMSTOCK AVENUE WINTER PARK FL 32789	Mailing Address 358 W. COMSTOCK AVENUE WINTER PARK FL 32789 <i>NO</i>
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2. Principal Place of Business	3. Mailing Address <i>PO Box 471</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Winter Park FL</i>	4. FEI Number 59-3579005	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32790</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MONTGOMERY, MICHAEL S
358 W COMSTOCK AVENUE
WINTER PARK FL 32789

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, JAMES R 358 W. COMSTOCK AVENUE WINTER PARK FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTGOMERY, MICHAEL S 358 W. COMSTOCK AVENUE WINTER PARK FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****50.00 *****50.00

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.

SIGNATURE: *Michael S. Montgomery* MANAGING MEMBER MICHAEL S. MONTGOMERY
Date: *1.19.01* Daytime Phone #: *407-947-4489*

CR2E083 (11/00)