

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90034 001 ****50.00

DOCUMENT # L99000002746

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

Principal Place of Business Mailing Address
358 W. COMSTOCK AVENUE PO BOX 471
WINTER PARK FL 32789 WINTER PARK FL 32789

86758



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
PO Box 33275
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State **INDIAN LANTIC FL**
 Zip Country **32903 BRIGARD**

4. FEI Number **59-3579005** Applied For
 Not Applicable

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

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 *[Signature]* **5-7-02**
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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM FORD, JAMES R 358 W. COMSTOCK AVENUE WINTER PARK FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGRM MONTGOMERY, MICHAEL S 358 W. COMSTOCK AVENUE WINTER PARK FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CR2E083 (9/01)

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]* **5-7-02 407-947-4484**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #