## 2000 UNIFORM BUSINESS REPORT (UBR) APPROVED DOCUMENT # L99000002941 1. Entity Name MIDDLESEX HOLDINGS, L.C. 5 00 APR 18 PM 12: 40 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1285 GULD SHORE BLVD., NORTH 1285 GULD SHORE BLVD., NORTH SUITE 1-C SUITE 1-C NAPLES FL 34102 NAPLES FL 34102 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. MNMApplied For City & State City & State -3577381 Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIGGS, ALESSANDRA Street Address (P.O. Box Number is Not Acceptable) 1285 GULD SHORE BLVD., NORTH SUITE 1-C NAPLES FL 34102 Zip Code City 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. 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 MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. Change Addition TITLE TITLE Delete MGR HAMF NAME HIGGS, ALESSANDRA STREET ADDRESS STREET ANNOFES 1285 GULD SHORE BLVD., NORTH, SUITE 1-C CITY- #1- ZIZ CITY- ST- ZIP NAPLES FL 34102 \_\_ Addition TITLE Change TITLE **600003238226**----05/03/00--01133--012 MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZU CITY-ST-ZIF \*\*\*\*\*50.00 \*\*\*\*\*50 <u>00</u> Addition ☐ Defete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - 21- 21P CITY- ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- \$1-207 ☐ Change \_\_\_ Addition Delete TITLE TTTL: KAME STREET ADDRESS ETREET ADDREES CITY- XT- 71P CITY- ST- ZIP Addition ☐ Change TITLE Defete TITLE

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.

MAME

STREET ADDRESS CITY-81-71P

SIGNATURE:

RAME

STREET ADDRESS

CITY-ST-ZIP

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4/17/00

Daytime Phone #