

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 25 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L99000003160**

1. Entity Name  
**PIECES, L.L.C.**

Principal Place of Business <b>8105 S. A1A MELBORNE BEACH FL 32951</b>	Mailing Address <b>8105 S. A1A MELBORNE BEACH FL 32951-3916</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **59-3590519** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KRAMER, KNUT  
8105 S. A1A  
MELBORNE BEACH FL 32951**

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		<input type="checkbox"/> Delete
TITLE NAME MGR <b>KRAMER, KNUT</b>	STREET ADDRESS <b>8105 S. A1A MELBORNE BEACH FL 32951</b>	<input type="checkbox"/>
TITLE NAME MEM <b>KRAMER, KNUT</b>	STREET ADDRESS <b>8105 S. A1A MELBORNE BEACH FL 32951</b>	<input type="checkbox"/>
TITLE NAME MEM <b>RASCHEKE, KLAUS</b>	STREET ADDRESS <b>AM PARK DER CHEMIEARBEITER NR. 1 D-06749 BETTERFELD GERMANY</b>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	<input type="checkbox"/>

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

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-06/15/00-01073-004  
\*\*\*\*\*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:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **05-23-2000** Day/Time Phone # \_\_\_\_\_

CR2E03: (9/9)