

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90166 031 ****50.00

DOCUMENT # L99000003269

1. Entity Name

LANDGROVE ASSOCIATES, L.L.C.

Principal Place of Business

**5006 TAMiami TRAIL NORTH
 NAPLES FL 34103**

Mailing Address

**5006 TAMiami TRAIL NORTH
 NAPLES FL 34103**

B0049520



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

730 600PLETTE RD. NORTH

Suite, Apt. #, etc.

3. Mailing Address

4081 Tamiami Trail No.

Suite, Apt. #, etc.

Suite C-201

City & State

NAPLES FL

City & State

Naples FL

4. FEI Number

59-3575986

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

34103

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

LYNCH, DENNIS J

**5006 TAMiami TRAIL NORTH
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Dennis J. Lynch**

Street Address (P.O. Box Number is Not Acceptable)

4081 Tamiami Trail North

Suite C-201

City

Naples

FL

Zip Code

34103

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.

(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

TITLE **MGR** ☐ Delete
 NAME **LYNCH, DENNIS J**
 STREET ADDRESS **5006 TAMiami TRAIL NORTH**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME **4081 Tamiami Trail No.**
 STREET ADDRESS **Suite C-201**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-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.

SIGNATURE:

Dennis J. Lynch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/14/02

Date

239.261.1734

Daytime Phone #

CR2E083 (9/01)