

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90269 006 ****55.00

DOCUMENT # L990000Q03373

1. Entity Name

EDMARK VII, L.L.C.

Principal Place of Business

**7995-B PRESERVE CIRCLE
 NAPLES FL 34119**

Mailing Address

**7995-B PRESERVE CIRCLE
 NAPLES FL 34119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3584926

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONROY, J. THOMAS III

**~~3838 TAMiami TRAIL NORTH, STE 402~~
 NAPLES FL 34103**

Name

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

2640 GOLDEN GATE PKWY, SUITE 115
 City **NAPLES** FL Zip Code **34105**

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

10. ADDITIONS/CHANGES

TITLE **MEM** ☐ Delete
 NAME **ED FINKELSTEIN TRUST**
 STREET ADDRESS **17842 ARGYLL TERRACE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **M&R M** ☒ Change ☐ Addition
 NAME **FINKELSTEIN, EDWARD S., TRUSTEE**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MEM** ☐ Delete
 NAME **MORTON M FINKELSTEIN TRUST**
 STREET ADDRESS **17079 DARLINGTON COURT**
 CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE **MEM** ☐ Delete
 NAME **RALEIGH J FINKELSTEIN TRUST**
 STREET ADDRESS **17842 ARGYLL TERRACE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE **MEM** ☐ Delete
 NAME **FINKELSTEIN, MARK**
 STREET ADDRESS **3324 WHITBURN COURT**
 CITY-ST-ZIP **ADA MI 49301**

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

TITLE **MEM** ☐ Delete
 NAME **POTESTIO, FRANK JR.**
 STREET ADDRESS **4600 ST. CROIX LANE**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **M&R M** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1120 GALLEON DRIVE**
 CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **MEM** ☐ Delete
 NAME **KAY C FINKELSTEIN TRUST**
 STREET ADDRESS **17842 ARGYLL TERRACE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

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:

[Handwritten Signature]

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

4/30/02

Date

(239) 593-9641

Daytime Phone #

CR2E083 (9/01)