2000	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR
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2000	UNIFUNNI DU	JOINESS NEPL	/NI	(ABU)					
DOCUMENT # L9900003952  1. Entity Name  COLLIER COUNTY BLIMPIE REALTY, LLC					DIV	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
OOLLIEN	OCCUPATION IN THE FIGURE	•	^		01	0 JUL -7 AM 9: 25	12	ı	
Principal Plac	on of Puninana	Mailing Addraga	<u>-</u>		$\dashv$		M		
Principal Place of Business Mailing Address  % UNITED CORPORATE SERVICES. INC. 1775 THE EXCHANGE SUITE 600 9200 SOUTH DADELAND BLVD. SUITE 508 ATLANTA GA 30339-2051							U		
MIAMI FL 331	56						<b>63(4.8</b> 1))(4.1 <b>6(3</b> ))		
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE			
City & State City &		City & State	City & State		4. FEI N	4. FEI Number   Applied For   Not Applicable			
Zip	Country	Zip	Count	try	5. Certi	ficate of Status Desired	\$5.00 Add		
<del></del>	6. Name and Address of Cu	rrent Registered Agent		New	7. Nam	e and Address of New Registered			
LIMITED C	ODDODATE SEDVICES INC	<del></del>		_Name				<del>~~</del>	
	CORPORATE SERVICES, INC. JTH DADELAND BLVD, SUITE	508		Street Addres	s (P.O. Box N	lumber is Not Acceptable)			
MIAMI FL									
				City	FL Zip Code				
8. The above	named entity submits this statem	ent for the purpose of changing its	s registere	ed office or regis	tered agent,	or both, in the State of Florida.	<u> </u>		
SIGNATURE .									
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered	d Agent signature requ	ired when reinstati	ng) DATE		,	
				FEE IS \$50.0					
		Make Check Pa	ayable to	Department	of State				
9.	,	IEMBERS/MEMBERS	10.			ADDITIONS/CHANGE			
TITLE NAME	MGR POMPEO, PATRICK	☐ Defeta	TITLE			200003321		Addition 	
STREET ADDRESS	740 BROADWAY, 12TH FLO	OR		ET ADDRESS		-07/13/00 ****50.00	·01010	010	
CITY- 81-ZIP	NEW YORK NY 10003	☐ Delicito	TITLE	8T- ZIP		***************************************	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	Addition	
NAME			MAMI	E .				_	
STREET ADDRESS CITY-ST-ZIP			P	ET ADDRESS ST-ZIP					
TITLE .		☐ Deleta	ımı				☐ Change	Addition	
NAME STREET ADDRESS			NAMI	E ET ADDRESS					
CITY-81-ZIP		····	CITY-	8T-ZIP					
TITLE NAME		C Delista	TITLE				Change	Addition	
STREET ADDRESS				ET ADDRESS					
CITY- ST- ZIP		☐ Delete	TITLE	ST-ZIP			☐ Change	Addition	
NAME (			NAME	E					
STREET ADDRESS !		•		ET ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE			·	Change	Addition	
NAME STREET ADDRESS			NAME STREE	E ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
indicated	certify that the information supplied on this report is true and accurate obility company or the receiver or the	e <b>ánd</b> that my signatule shall have	the same	legal effect as i	f made under	07(3)(i), Florida Statutes. I further of r oath; that I am a managing memb vida Statutes.	ertify that the in er or manager	formation of the	
SIGNAT		175 950W	IRE	)	(	19/00 (770)98	34-270	<b>57</b> _	
	SIGNATURIE AND TYPED O	OR PRINTED NAME OF SIGNING MANAGING	MEMBER O	R MANAGER		Date /	Daytime Phone #		