2001	UNIFORM BUS	INE	SS REPO	RT	(UBF	3)					0024047
DOCUMENT # L9900003954 1. Entity Name											47
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LAKELAN	D BLIMPIE TEXACO LEAS	ING, L	LC				F	ILED			
Principal Plac	e of Business	Mail	ling Address			01	SEP	19 PM 12: 17			
•			775 THE EXCHANGE. SUITE 600			5.0	CDCT	LOV OF OTHER			
9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI FL 33156			ATLANTA GA 30339				LAHA	SSEE ELORINA			
MIAMI IL 301											
2. Principal Place of Business 3.			. Mailing Address					I (BBISBIS BIB 19819 SBISI 1981) BBISI BBISI BBISI	DELOT HIND HOLDS	NIII DIDI IDDI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CCRETARY OF STATE ALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI N	65-0444734		oplied For ot Applicable	}
Zip Country		Zi	Zip		Country		5. Certi	ficate of Status Desired	\$5.00 Add		
	6. Name and Address of Curren	Registe	red Agent				7. Nam	e and Address of New Registered	Agent		1
UNITED CORPORATE SERVICES, INC.						Name					
9200 SOUTH DADELAND BLVD., SUITE 508				Street A	Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	33156										
					City			F	Zip Code	9	1
8. The above	named entity submits this statement for	or the pu	rpose of changing its	régister	red office or	registere	ed agent,	or both, in the State of Florida.			
SIGNATURE .									•		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if a	pplicable. (NOTE	E: Register	ed Agent signatu	ure required	when reinstat	T			4
· .			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of				State	000004611 -09/26/010 ******50.00	010180	108	
9.	MANAGING MEME	BERS/ME	EMBERS	10.				ADDITIONS/CHANGE			1
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NAME STREET ADDRESS	MORGAN, JOSEPH 740 BROADWAY, 12TH FLOOR			NAM STR	ME REET ADDRESS						5
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CITY-ST-ZIP					Y-ST-ZIP						1

11. I hereby certify that the information supplied with his filing codes 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 frue 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 trusfee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

6/18/0)