

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003982**

1. Entity Name
ACQUISITION VENTURES I, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 12 AM 10:47

Principal Place of Business
**4350 W CYPRESS STREET
SUITE 440
TAMPA FL 33607**

Mailing Address
**4350 W CYPRESS STREET
SUITE 440
TAMPA FL 33607-4154**



MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

533 S. HOWARD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 853

City & State

City & State
TAMPA FL

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

33606 USA

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

**LEONARD, RIVERSON S
4350 W CYPRESS STREET
SUITE 440
TAMPA FL 33607**

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

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
MGR	LEONARD, RIVERSON S	4350 W CYPRESS STREET SUITE 440	TAMPA FL 33607	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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****55.00 ****55.00

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: *Riverson S Leonard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-4-00 Date
813-414-0233 Daytime Phone #

CR2E083 (9/99)