


# 2001 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b>		<b>L99000004057</b>			<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.5em; font-weight: bold;">01 AUG -8 PM 12:17</div> <div style="font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 0.8em;">DO NOT WRITE IN THIS SPACE</div>		
1. Entity Name		PINELLAS L.L.C.					
Principal Place of Business		Mailing Address					
708 COMMERCE WAY JUPITER FL 33485		708 COMMERCE WAY JUPITER FL 33485					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State			4. FEI Number <b>59-2533186</b>		
Zip		Country		Zip		Country	
						5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HEATON, JAMES L 708 COMMERCE WAY JUPITER FL 33485				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <span style="float: right;">FL</span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
				<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b> <b>Due By September 26, 2001</b>		<b>300004536743--7</b> <b>-08/15/01--01072--025</b> <b>*****50.00 *****50.00</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEATON, JAMES L			NAME			
STREET ADDRESS	708 COMMERCE WAY			STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33485			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: _____				SIGNATURE REQUIRED			
				8/6/01 561-746-5123			

CR2E083 (5/01)