

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #		L99000004058			<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px; font-weight: bold;">01 AUG - 8 PM 12:17</div> <div style="font-size: 14px; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
1. Entity Name		RAVENSWOOD L.L.C.						
Principal Place of Business		Mailing Address						
708 COMMERCE WAY JUPITER FL 33458		708 COMMERCE WAY JUPITER FL 33458			  DO NOT WRITE IN THIS SPACE			
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		59-0217649	Applied For	Not Applicable
				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 33458					Name			
					Street Address (P.O. Box Number is Not Acceptable)			
					City		FL	
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 _____								
			<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b> <b>Due By September 26, 2001</b>			100004536741--3 -08/15/01--01072--023 *****50.00 *****50.00		
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 33458				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: _____					<div style="font-size: 24px; font-weight: bold;">SIGNATURE REQUIRED</div> <div style="font-size: 18px; font-weight: bold;">8/6/01 561-746-5123</div>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					Date _____ Daytime Phone # _____			

CR2E083 (5/01)