L99000004086

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000052653 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)922-4003

From:
Account Name : WICKMAN & WYCKOFF, P.A.
Account Number : I19980000073
Phone : (941)795-6565
Fax Number : (941)795-5774

FILED
00 OCT -5 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

L99-4086

LIMITED LIABILITY REINSTATEMENT

EQUITY REALTY INVESTMENTS, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$150.00

FILED
00 OCT -5 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Public Access Help

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004086

1. Entity Name
EQUITY REALTY INVESTMENTS, L.C.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
611 63rd Street NW
Suite, Apt. #, etc.
City & State
Bradenton, FL
Zip 34209 Country Manatee

3. Mailing Address
same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-1010877
☐ Applied For
☐ Not Applicable

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
Name Wickman & Wyckoff, P.A.
Street Address (P.O. Box Number is Not Acceptable)
4909 Manatee Avenue West
City Bradenton **FL** Zip Code 34209

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 By: Wickman & Wyckoff, P.A., President 10/5/00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dana S. Hathorn, Manager 611 63rd Street NW Bradenton, FL 34209	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

FILED
00 OCT -5 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E083 (11/99)

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] Mgr 10/5/00 941-795-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #