2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 MAY 18 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004561

1. Entity Name

B & L MINING, L.C.

Principal Place of Business	Mailing Address
28000 SPANISH WELLS BLVD. BONITA SPRINGS, FL 34135	P.O. BOX 279 BONITA SPRINGS, FL 34133

2. Principal Place of Business	3. Mailing Address
28000 SPANISH WELLS BLVD.	P.O. BOX 279
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BONITA SPRINGS, FL	City & State: BONITA SPRINGS, FL
Zip: 34135 Country: USA	Zip: 34133 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-2248180 ☐ 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
JAMES W. AMBURN 28000 SPANISH WELLS BLVD. BONITA SPRINGS, FL 34135	Name: JAMES W AMBURN Street Address (P.O. Box Number is Not Acceptable): 28000 SPANISH WELLS BLVD City: BONITA SPRINGS **FL** Zip Code: 34135

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $60.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BOLLN JUERGEN 3301 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LUEDER HELMUT 3301 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400000441931 4---8 -06/14/01--01023--024 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E080 (11/00)

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: Juergen Bolln 04/24/01 941-949-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #