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EAST CORKSCREW LLC							0			
Principal Place of Business Mailing Address					01 APR -4 AM 9: 22					
	A BAY BLVD SUITE 202	Mailing Address  3451 BONITA BAY BLVE	SHITE	202	SECRETARY OF TALLAHASSEE, F			ĪΛ		
	RINGS FL 34134-4395	BONITA SPRINGS FL 34		ZOC.				'A		
				<i>(</i> -						
2. Principal Place of Business 3. Mailing Address		3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State C		City & State	City & State		4. FEI	Number <b>59-3591680</b>		_	plied For t Applicable	]
Zip	Country	Zip	Zip Coun		5. Cert	ificate of Status Desired	\$5.0	O Add	itional	1
	6. Name and Address of Curr	ent Registered Agent	J		7. Nam	e and Address of New Regis	<del></del>	oquiroc		1
	· · · · · · · · · · · · · · · · · · ·	= -	* * .	7. Name and Address of New Registered Agent Name						1
	CE CONSERVATION PROPERTI	IES, INC.	٠	Street Address (P.O. Box Number is Not Acceptable)						┧
	NITA BAY BLVD., SUITE 202 SPRINGS FL 34134									1
DOMINA	OF THIT GO I E OF TOT			City	FL Zip Code					-
The above named entity submits this statement for the purpose of changing its registered				l ed office or registe	ered agent.	or both, in the State of Florida				1
				_	•					
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstal	ing)	DATE			
		FILE N	OWIII	FEE IS \$50.00						
		Make Check Pa		•						
9. MANAGING MEMBERS / MEMBERS 10.					ADDITIONS/CH/	ANGES			1	
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NAME CTOTET ADDRESS	RESOURCE CONSERVATION		NAM	i						Ē
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STREET ADDRESS		•	STREE	T ADDRESS	•					
C/TY-ST-ZIP	partify that the information assembled	with this filling does not never the		ST-ZIP		77019 6			<del></del>	l I
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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										i.
SIGNAT	URE: Saive	Shorts		<del></del> _		3/27/01 (0	741)49.	5-1	000	
SIGNATURE AND TYPED OR THINTED MAPES FOR HIS MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #										