

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

0037797

**DOCUMENT # L99000004894**

1. Entity Name  
**1615 E. EDGEWOOD DRIVE, L.L.C.**

04-03-2002 90018 005 \*\*\*\*50.00

Principal Place of Business <b>4715 HULSE LANE LAKELAND FL 33813</b>	Mailing Address <b>4715 HULSE LANE LAKELAND FL 33813</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. *FEI Number <b>59-3594880</b>		<input type="checkbox"/> Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>PUTNAM, ABEL A 500 SOUTH FLORIDA AVENUE, SUITE 200 LAKELAND FL 33801</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME	<b>MGRM READ, DOROTHY L</b>	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>4715 HULSE LANE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>			CITY-ST-ZIP			
TITLE NAME	<b>MGRM AUGER, LIONEL J</b>	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>1368 EDGEWATER BEACH DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>			CITY-ST-ZIP			
TITLE NAME	<b>MGRM READ, RAYDENE A</b>	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>2312 BUCKINGHAM AVENUE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>			CITY-ST-ZIP			
TITLE NAME	<b>MGRM READ, WILLIAM W JR.</b>	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>2312 BUCKINGHAM AVENUE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>			CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:** *Dorothy Read* **SIGNATURE REQUIRED** (863) 3/21/02 1646-1666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)