2001 UNIFORM BUSINESS REPORT (UBR)

Zip Country Zip Country S. Certificate of Status Desired \$5.00 Addit Fee Required G. Name and Address of Current Registered Agent LYONS JR, DOUGLAS M Street Address (P.O. Box Number is Not Acceptable) SUMMERLAND KEY FL 33042 City FL Zip Code 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS /MEMBERS TITLE NAME LYONS JR, DOUGLAS M STREET ADDRESS CITY-ST-ZIP MANAGING MEMBERS MEMBERS CITY-ST-ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP MANAGINGS STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP COUNTRY 5. Certificate of Status Desired \$5.00 Addit Fee Required \$5	TE IDA ied For Applicable
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LYONS JR, DOUGLAS M 521 BLACKBEARD RD. SUMMERLAND KEY FL 33042 City FL Zip Code 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, lyped or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when relinstating) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE NAME LYONS JR, DOUGLAS M STREET ADDRESS STREET ADDRESS SUMMERLAND KEY FL Delete NAME STREET ADDRESS CITY-ST-ZIP NAME STREET	
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11. I hereby certify that the information supplied with this filling 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNING MANAGUE MEMBER ANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayline Prione **	1