2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900005682 1. Entity Name P.E.H. INVESTMENTS, L.L.C.				FILED	
				00 JAN 18 PM 2: 51	
				SECRETARY OF STATE	
Principal Plac	e of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
		1070 TECHNOLOGY DRIVE NOKOMIS FL 34275-3617		,	
				E TRANSPORTE REPORTE AND ARTHUR PROTECTION OF THE PROTECTION OF TH	
2. Principal Place of Business 3.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applie Applie	_
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Addition Fee Required	
	6. Name and Address of Current			7. Name and Address of New Registered Agent	
MACRIS, STEVEN W					
•	STEVEN W TH TAMIAMI TRAIL		Street Address	s (P.O. Box Number is Not Acceptable)	
VENICE F					
			City	FL Zip Code	,
8. The above	named entity submits this statement for	r the purpose of changing its re	gistered office or registe	tered agent, or both, in the State of Florida.	_
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	legistered Agent signature requin	red when reinstating) DATE	
		FILE NOV	V!!! FEE IS \$50.00	o l	
	·	Make Check Paya	ible to Department	of State	
9.	MANAGING MEMB	ERS/MEMBERS	10.	ADDITIONS/CHANGES	
TITLE	MGR	☐ Deteto	TITLE	300003112403-	
NAME STREET ADDRESS	HEINSMAN, CARL 1070 TECHNOLOGY DRIVE		NAME STREET ADDRESS	-01/27/000102002	
CITY-8T-ZIP	NOKOMIS FL 34275		CITY-ST-ZIP	*****50.00 *****50.	. UU
TITLE NAME		Celets	TITLE NAME	☐ Change [_
STREET ADDRESS			STREET ADDRESS		
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TITLE NAME		L. Udikio	NAME		
STREET ADDRESS			STREET ADBRESS CITY-ST-ZIP	•	
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NAME		<u> </u>	МАМЕ		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		Delete	TITLE	Change [<u></u>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
11 hereby	ertify that the information supplied with	this filing does not qualify for the	ne exemption stated in S	Section 119.07(3)(I), Florida Statutes. I further certify that the 1.72.	
indicated	on this report is true and accurate and ability company or the receiver or truste	I that my signature shall have the	e same legal effect as if	f made under oath: that I am a managing member or manager of	i the