

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005687

1. Entity Name  
CONNER PROPERTIES, L.L.C.

APPROVED  
AND  
FILED

00 APR 22 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
18110 APRIL LANE  
JUPITER FL 33458

Mailing Address  
18110 APRIL LANE  
JUPITER FL 33458-4342



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0961936

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

CONNER, PAMELA J  
18110 APRIL LANE  
JUPITER FL 33458

Name

Street Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

900003246829--1  
-05/10/00--01079--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
CONNER, PAMELA J  
18110 APRIL LANE  
JUPITER FL 33458

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
CONNER, DAVID C  
18110 APRIL LANE  
JUPITER FL 33458

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-20-00

561-244-2233

CR2E083 (9/99)