

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005846

1. Entity Name

N/O TOYS, L.L.C.

FILED

01 APR 23 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

206 150TH AVENUE  
MADERIA BEACH FL 33708

Mailing Address

206 150TH AVENUE  
MADERIA BEACH FL 33708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598040

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

NELLE, SHIRLEY J

206 150TH AVENUE

MADERIA BEACH FL 33708

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM NELLE, SHIRLEY J  
STREET ADDRESS 206 150TH AVENUE  
CITY-ST-ZIP MADERIA BEACH FL

TITLE NAME 17384 Kennedy Dr  
STREET ADDRESS N Redington Bch FL 33708  
CITY-ST-ZIP

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TITLE NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/15 2001 727 3977070

CR2E083 (11/00)