

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005995**

1. Entity Name
FORTUNE 2000 REALTY, L.L.C.

FILED

01 FEB 22 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4001 TAMIAMI TRAIL NORTH, SUITE 265 NAPLES FL 34103	Mailing Address 4001 TAMIAMI TRAIL NORTH, SUITE 265 NAPLES FL 34103
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2. Principal Place of Business 4901 Tamiami Trail North	3. Mailing Address 4901 Tamiami Trail N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Naples, FL	City & State Naples, FL

Zip 34103	Country Collier	Zip 34103	Country Collier
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4. FEI Number 59-3598854	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EURO-AMERICAN CONSULTING, INC.
4001 TAMIAMI TRAIL NORTH, SUITE 265
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name
U.S. Investor Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
4901 Tamiami Trail North

City
Naples FL Zip Code
34103

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]* **R. Filthaut** DATE **1-18-01**

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR	<input type="checkbox"/> Delete
NAME FILTHAUT, RAINER N	
STREET ADDRESS 4001 TAMIAMI TRAIL NORTH, SUITE 265	
CITY-ST-ZIP NAPLES FL 34103	

10. ADDITIONS/CHANGES

TITLE MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Filthaut, Rainer N.	
STREET ADDRESS 4901 Tamiami Trail North	
CITY-ST-ZIP Naples, FL 34103	
TITLE 20000366280	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME -02/03/01--01013--005	
STREET ADDRESS *****50.00	
CITY-ST-ZIP *****50.00	

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]* **R. Filthaut** Date **1-18-01** Daytime Phone # **941-213-4000**

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

CR2E083 (11/00)