## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)				05-13-2002 90210 014 ****50.00
DOCUMENT # L9900.000 6253				03-13-2002 30210 014 30.00
SHOPKEYPER ON THE LANE L.L.C.				)
DO NOT WRITE IN THIS SPACE				961136
Suite, Apt. #, etc.			ST S.W.	DO NOT WRITE IN THIS SPACE
City & Sta	TER HAVEN FL	City & State WINTER 1	HAVEN FL.	4. FEI Number  5.9-3/1/1/0  Applied For
3386	Country U.S.A.	33880	Country US/4	5. Certificate of Status Desired \$5.00 Additional
			1 03/4	7. Name and Address of Current Registered Agent
Street Address (P.C.				FL Zip Code
SIGNATURE				
	Signature, typed or printed name of register	Make Check Pa	EE IS \$50.00 yable to Departmen UE BY MAY 1	t of State
D. ITLE	MANAGING M	MEMBERS/MANAGERS	77 Tax 10 (A) - A, A) - 2(A) - 3 - A	* TATUR CASE SAI
AME Treet address ITY-ST-ZIP	WHITEHEAD, JOANB.			338 (12/01)
ITLE AME IREET ADDRESS ITY-SI-ZIP	MGEM FENICH SUSAN 2852 MERIDI LAKELAND FI	JL . AN PT. LN .	TITLE	ORZEO
TLE AME TREET ADDRESS TY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
ile Mae Reet address Fy-st-zip	• .		TITLE MANE STREET ADDRESS CITY: 51-71P	IN THIS SPACE
ILE ME		es grande s	TIME	The state of the s

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.

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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

4/30/02 (863) WH 9494