## 2000 UNIFORM BUSINESS REPORT (UBR)

<ol> <li>Entity Nam</li> </ol>	MENT # L990( s. dudley, llc	00006365		SECRETARY OF STATE DIVISION OF CORPORATIONS  OO MAR 16 PM 1: 56
•	e of Business NICE AVENUE, SUITE 201 292	Mailing Address 312 EAST VENICE AVEN VENICE FL 34292-2621	iue, șuite 201	00 HW 1.9 LU 1:9P
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2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For S - 0961/42 Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
DUDLEY, WILLIAM S 312 EAST VENICE AVENUE, SUITE 201 VENICE FL 34292		Street Addres	ss (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code	
	named entity submits this statement of statement for signature, typed or printed name of registered agent	nt and title if applicable. (NO	s registered office or regis TE: Registered Agent signature requirements in the second	
SIGNATURE .	Signature, typed or printed name of registered again	nt and title if applicable. (NO FILE N Make Check Po	TE: Registered Agent signature requirements in the second signature requirements and second signature requirements in the	DATE  DO  ot of State
3. The above  SIGNATURE .  ),  ITLE  IAME  TREET ADDRESS  ITY-ST-ZIP	•	nt and title if applicable. (NO FILE N Make Check P) BERS/MEMBERS	TE: Registered Agent signature requirements	Quired when reinstating)  DATE
SIGNATURE .  ITLE  AME  TREET ADDRESS  ITY- ST- ZIP  ITLE  IAME  TREET ADDRESS	Signature, typed or printed name of registered agen  MANAGING MEMI  MGRM  DUDLEY, WILLIAM S  312 EAST VENICE AVENUE, SU	nt and title if applicable. (NO FILE N Make Check P) BERS/MEMBERS	TE: Registered Agent signature required to the signature required to t	DATE  OO  It of State  ADDITIONS/CHANGES
O, ITTLE AME TREET ADDRESS ITY-ST-ZIP ITTLE AME TREET ADDRESS ITY-ST-ZIP ITTLE AME TREET ADDRESS ITY-ST-ZIP	Signature, typed or printed name of registered agen  MANAGING MEMI  MGRM  DUDLEY, WILLIAM S  312 EAST VENICE AVENUE, SU	Make Check Page BERS/MEMBERS  Delete  JITE 201	TE: Registered Agent signature required to Department 10.  110.  11TLE  MAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS	Addition  Change Addition  Change Addition  Change Addition  Change Addition
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O.  JILE JAME TREET ADDRESS	Signature, typed or printed name of registered agen  MANAGING MEMI  MGRM  DUDLEY, WILLIAM S  312 EAST VENICE AVENUE, SU	Make Check Page 18 BERS/MEMBERS Delete	TE: Registered Agent signature required to Department 10.  TITLE HAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Additional Change Additional Addi