

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006582

1. Entity Name
MANATEE LANDING, LLC.

Principal Place of Business
2330 MANATEE AVENUE EAST
BRADENTON FL 34208

Mailing Address
2330 MANATEE AVENUE EAST
BRADENTON FL 34208

2. Principal Place of Business

3. Mailing Address

215 - 20th St. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

Country

Zip

34205

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TIBBETTS, R. SCOTT
215- 20TH STREET WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name Patricia Q. Tibbetts
Street Address (P.O. Box Number is Not Acceptable)

215 - 20th STREET WEST

City Bradenton

FL

Zip Code

34205

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

Patricia Q. Tibbetts, MGRM

1/31/01

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

(NOTE: Registered Agent signature required when re-installing)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME TIBBETTS, R. SCOTT
STREET ADDRESS 215 20TH STREET WEST
CITY-ST-ZIP BRADENTON FL 34205

TITLE MGRM
NAME TIBBETTS, PATRICIA
STREET ADDRESS 215 20TH STREET WEST
CITY-ST-ZIP BRADENTON FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Patricia Q. Tibbetts

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

Date

1/31/01

Daytime Phone #

941-748-1534

FILED

01 FEB 19 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)