2001 UNIFORM	BUSINESS	REPORT.	(UBR)
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2001 UNIFORM BUSINESS REPORT (UBR)					APHROYET		٠		
DOCUMENT # L9900006842					AND PLED				
WINGS ON THE BEACH, L.L.C.			0	1 APR 26 AM 9:	28		i		
				<u></u>	ECRETARY OF STA	ATE PIDA			
Principal Place of Business Mailing Address 2070 ANDREA LANE. STE. I FT. MYERS FL 33912 Mailing Address 2070 ANDREA LANE. STE FT. MYERS FL 33912		_	E 1	1,A	TE AMA 35EE , I EW				
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2. Principal Place of Business 3. Mailing Address		3. Mailing Address		I Jabildhi ein ruitu jatit beitt butti dehit entil entil entil					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4. FEI Number 65-0957080 Applied For Not Applicable			-	
Zip	Country	Zip	Country	5. Ceri	tificate of Status Desired	S5.00 Ac	dditional	1	
	6. Name and Address of Curren	t Registered Agent	Name	7.≓Nan	ne and Address of New Reg			1	
SCANLAN, BRIAN J		<u> </u>	Street Address (P.O. Box Number is Not Acceptable)						
2070 ANDREA LANE, STE. I FT. Myers FL 33912						<u> </u>		1	
1. m.2.10 12 000 12			City			FL Zip Coo	de	1	
8. The above	named entity submits this statement f	or the purpose of changing its	registered office	or registered agent,	or both, in the State of Florid	ia.		1	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable (NOTE	Registered Agent signs	ature required when reinsta	ting)	DATE			
			OW!!! FEE IS			7	 -	1	
	•	Make Check Pa							
9.	MANAGING MEME	BERS/MEMBERS	10.		ADDITIONS/CI	HANGES			
TITLE NAME	MGR SCANLAN, BRIAN J	☐ Delete	TITLE NAME		·	☐ Change	☐ Addition	83 (11/00)	
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CITY-ST-ZIP			CITY-ST-ZIP			 			
indicated i	ertify that the information supplied with on this report is true and accurate and	l that my signature shall have t	he same legal effe	ect as if made unde	r oath: that I am a managing	rther certify that the i	information ar of the		
iimited liab	pility company or the receiver or truste	e empowered to execuje this r	eport as required	by Chapter 608, Flo	orida Statutes	· .			
SIGNAT	URE:	119A Ca	nlar	1	THO/01	941482-			
····	SIGNATURE AND TYPED OR PRINTED NAME O	OF SIGNING MANAGING MEMBER, MAN	AGER, OR AUTHORIZE	D REPRESENTATIVE	Date	Daytime Phone #		1	