2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -5 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006877

1. Entity Name
J.E. LANNI L.C.

Principal Place of Business	Mailing Address
3827 FOX RIDGE ZEPHYRHILLS FL 33543	3827 FOX RIDGE ZEPHYRHILLS FL 33543-6116

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3827 FOX RIDGE	SAME
Suite, Apt. #, etc. ZEPHYR HILLS	Suite, Apt. #, etc.
City & State F	City & State
Zip 33543 Country PASCO	Zip Country

4. FEI Number N/A ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LANNI, JAMES E
3827 FOX RIDGE
ZEPHYRHILLS FL 33543

7. Name and Address of New Registered Agent

Name JAMES LANNI
Street Address (P.O. Box Number is Not Acceptable) 3827 FOX RIDGE
City ZEPHYRHILL FL Zip Code 33543

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.

SAME

SIGNATURE _____ DATE
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			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JAMES E LANNI II 3827 FOXRIDGE ZEPHYRHILLS FL 33543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300003342983--5 -08/02/00--01003--013 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KATLYN J. LANNI 3827 FOXRIDGE ZEPHYRHILLS FL 33543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JAMES LANNI SR 3827 FOXRIDGE ZEPHYRHILLS FL 33543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] JAMES E. LANNI 5/30 813 240 6422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone # 813 788 2260

CR2E083 (9/99)