

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90354 045 \*\*\*\*50.00

**DOCUMENT # L99000006877****1. Entity Name**  
**J.E. LANNI L.C.****Principal Place of Business****3827 FOX RIDGE**  
**ZEPHYRHILLS FL 33543****Mailing Address****3827 FOX RIDGE**  
**ZEPHYRHILLS FL 33543****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number****NOT APPLICABLE**

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

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>LANNI, JAMES E II</b>	
STREET ADDRESS	<b>3827 FOXRIDGE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33543</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>LANNI, KATLYN J</b>	
STREET ADDRESS	<b>3827 FOXRIDGE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33543</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>LANNI, JAMES SR.</b>	
STREET ADDRESS	<b>3827 FOXRIDGE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33543</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:****SIGNATURE REQUIRED****18132406422**

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

Date

Daytime Phone #

CFR2E083 (9/01)