

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 26 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005993 AF

DOCUMENT # L99000006967

1. Entity Name
REDLINE INVESTMENT GROUP, L.L.C.

Principal Place of Business 111 N. ORANGE AVENUE, 20TH FLOOR ORLANDO FL 32801	Mailing Address 111 N. ORANGE AVENUE, 20TH FLOOR ORLANDO FL 32801
---	---



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-3604143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EVORA, ORLANDO L
111 N. ORANGE AVENUE, 20TH FLOOR
ORLANDO FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

800004194618--9
-05/10/01--01138--008
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVORA, ORLANDO L 1626 SPRING LAKE DR. ORLANDO FL 32804	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVER, DAVID S 437 SILVER DEW ST. LAKE MARY FL 32746	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIELDS, RANDOLPH H 1237 WINDSONG RD. ORLANDO FL 32809	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

10. ADDITIONS / CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: RANDOLPH H. FIELDS **MANAGER** **4/23/01** **407-420-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)