## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 24, 2002 8:00 am § L99000006990 DOCUMENT # **Secretary of State** 1. Entity Name 03-24-2002 90036 015 \*\*\*\*50.00 GUNNING ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 933313 8187 LAKEVIEW DRIVE 4262 NORTH LAKE BLVD.. PMB #143 PALM BEACH GARDENS FL 33412 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1010347 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURNER, JOHN A ESQ. Street Address (P.O. Box Number is Not Acceptable) 515 NORTH FLAGLER DR. Suite 600 WEST PALM BEACH FL 33401 City 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, 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 Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MGRM ☐ Addition TITLE TITLE Change ☐ Delete NAME **GUNNING, JOHN R** NAME STREET ADDRESS STREET ADDRESS 8187 LAKEVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33412 ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

以代表 深度的前限 Gunning, President 2-28-02

E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Daytime Phone #