

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

001110 AF

DOCUMENT # **L99000007628**

1. Entity Name
ITTENRUB, L.L.C.

00 MAY -6 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
200 LAKE MORTON DRIVE, SUITE 400 **200 LAKE MORTON DRIVE, SUITE 400**
LAKELAND FL 33801 **LAKELAND FL 33801-5305**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3610899		<input checked="" type="checkbox"/> Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BURNETTI, DOUGLAS K 200 LAKE MORTON DRIVE, SUITE 400 LAKELAND FL 33801				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

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNETTI, DOUGLAS K			NAME			
STREET ADDRESS	3214 BRIDGEFIELD DRIVE			STREET ADDRESS	400003274104--9		
CITY-ST-ZIP	LAKELAND FL 33803			CITY-ST-ZIP	-06/01/00--01084--012		
					*****50.00 *****50.00		
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	MGR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Burnetti, Dean			NAME	BURNETTI, DEAN		
STREET ADDRESS	2106 Kirkland Lk. Dr.			STREET ADDRESS	2106 KIRKLAND LK. DR.		
CITY-ST-ZIP	Auburndale FL 33823			CITY-ST-ZIP	AUBURNDALE FL 33823		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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** 4/10/00 863/680-1131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)