

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007649**

1. Entity Name
1299, L.C.

Principal Place of Business

**750 U.S. HWY 41 BYPASS SOUTH
VENICE FL 34292**

Mailing Address

**707 S. WASHINGTON BLVD.
SARASOTA FL 34236-7835**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0962799

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOSCH, JOHN
707 S. WASHINGTON BLVD.
SARASOTA FL 34236**

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**

200004213412--0

-05/14/01--01005--008

*******55.00 *****55.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR BUCANAN, VERNON G**
STREET ADDRESS **707 S. WASHINGTON BOULEVARD**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **MGRM**
STREET ADDRESS **1099 Management Company, L.L.C.**
CITY-ST-ZIP **707 South Washington Boulevard
Sarasota, FL 34236**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **Treasurer**
STREET ADDRESS **Salvatore Rosa**
CITY-ST-ZIP **707 South Washington Boulevard
Sarasota, FL 34236**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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.

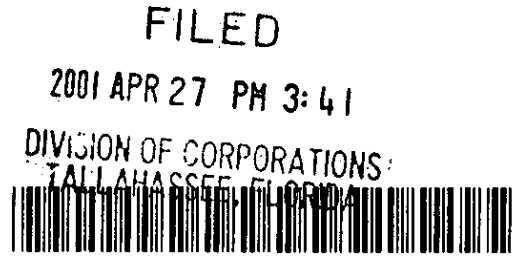
1099 Management Company, L.L.C.

SIGNATURE: **by: Salvatore Rosa as its Treasurer 04/23/01 (941) 366-5230**

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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)