## 2000 UNIFORM BUSINESS REPORT (UBR

SIGNATURE: X COLVICE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2000 ONIFORM DOSINESS NEPONT (ODIT)								FILE	'n			
DOCUMENT # L9900008242  1. Entity Name LAUMANN ENTERPRISE, L.C.							00 APR -6 AMII: 10					
		. •	•				SECR	RETARY ( HASSEE	OF STATE	:		
Principal Plac 5109 DEL PR/ CAPE CORAL	ADO BLVD.	Mailing Address 5109 DEL PRADO BLVD. CAPE CORAL FL 33904-9716				er wie er	MASSEE.	, FLURID	nf			
			`		_							
	lace of Business Ad Plata Land	i i	ailing Address	ing Address					<b>12</b> 111 <b>11</b> 111 <b>11</b> 111			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			· DO NOT WRITE IN THIS SPACE							
City & State		City & State			4. FEI Nu	mber	05-09	73048	Ap No	plied For Applicable		
Zip 339	Country	USA Zi	р	Count	try	5. Certific	cate of S	tatus Desired		\$5.00 Add Fee Required		
	6. Name and Address		red Agent		Name	7. Name	and Add	iress of New	Registered	Agent		
BARTEL, 1	VIOLA			Street Address (P.O. Box Number is Not Acceptable)								
5109 DEL	PRADO BLVD.			Sireet Address:	Ireet Address (P.O. Box Number is Not Acceptable)							
CAPE CO	RAL FL 33904				City	<del></del>	·	_ <del></del>	<u> </u>	Zip Code		
9. The chave	named entity submits this	statement for the nu	rnose of changing its	ogistore	_ <del></del>	rod agent of	t both in	the State of F	FL	•		
<b>6.</b> The above	named entity soomits this	statement for the pu	ipose of changing its (	egistere	a dince di registe	red agent, or	Dour, iii	ine otate or r	iorida.			
SIGNATURE .	Signature, typed or printed name of	registered agent and title if a	pplicable (NOTE:	Registered	1 Agent signature requires	d when reinstating	3)		DATE			
			FILE NO Make Check Pay		FEE IS \$50.00 Department o	of State						
9.		GING MEMBERS/ME	MBERS	10.				ADDITION	S/CHANGES			
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUCHMANN, MAN KARLSTRASSE 21 D- ALSBACH-HOEHNLEI	64665	Copieste		ſ					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Deliste		l .		1Ĉ	0000 -04/ ***	322: 24/00 **50.00	Change 1 5 3 1 -01157	□ Addingo -010 •50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Celete		l .					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		□ Defate		l .					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KT IX SEED THE SEED SEED!		☐ Octato				•			Change	Addition	
JITLE NAME STREET ADDRESS CITX'-T-21P		-	☐ Deleta	TITLE NAME STREE		<del></del>		-	<del></del>	Change	Addition	
11. I hereby o	ertify that the information on this report is true and a bility company or the rece	accurate and that my	signature shall have the	the exer	nption stated in Se	nade under d	oath: tha	tlam a mana	s. I further cer aging member	tify that the in er or manager	formation of the	

13/30/00 941-540-07/3