

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L99000008463

1. Entity Name

EIRE INDIANAPOLIS FLORIDA L.L.C.

Principal Place of Business

Mailing Address

1801 NE FOURTH STREET, SUITE 200  
BOYNTON BEACH, FL 33435

2. Principal Place of Business

same as above

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

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

MARK D. SPILLANE  
1801 NE FOURTH STREET, SUITE 200  
BOYNTON BEACH, FL 33435

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]*

MARK D. SPILLANE

3/27/00

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MEMBER/MANAGER  
MARK D. SPILLANE  
1801 NE 4TH ST STE 200  
BOYNTON BEACH FL 33435

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

Delete

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TITLE  
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CITY-STATE-ZIP  
900003221759-9  
-04/24/00-01165-009  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

Change Addition

TITLE  
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CITY-STATE-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

Change Addition

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]*

MARK D. SPILLANE

3/27/00

561 742 1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #