

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 25 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000008470

1. Entity Name
LST, LIMITED COMPANY

Principal Place of Business
87851 OLD HIGHWAY
ISLAMORADA FL 33036

Mailing Address
87851 OLD HIGHWAY
ISLAMORADA FL 33036

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
87851 OLD HIGHWAY
Suite, Apt. #, etc.
APT. K-31
City & State
ISLAMORADA FL
Zip
33036
Country
USA

4. FEI Number
65-0968028

5. Certificate of Status Desired ☐ Applied For
Not Applicable

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TITTLE, CHARLES P
91760 OVERSEAS HIGHWAY
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

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/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING OWNER RAYMOND V. LONG 87851 OLD HWY - APT K-31 ISLAMORADA, FL 33036 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100003342701--3 00/01/00 01000 014 *****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

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

7/20/00

Date

(850) 852-3596

Daytime Phone #

CP2E083 (5/00)