2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business 387 CAPRI BLVD. 388 CAPRI BLVD. 38
387 CAPRI BLVD. NAPLES FL 34113 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City
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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Country S. Certificate of Status Desired Status Desired \$5.00 Additional Fee Required Fee Required Name THORPE, PETER L 387 CAPRI BLVD. NAPLES FL 34113 City FL Zip Code 6. 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES THORPE, PETER
City & State City & State City & State 4. FEI Number 65-0974904 Applied For Not Applicable St. Control
Not Applicable Stountry Zip Country S. Certificate of Status Desired S5.00 Additional Fee Required
Street Address (P.O. Box Number is Not Acceptable) 6. Name and Address of Current Registered Agent THORPE, PETER L 387 CAPRI BLVD. NAPLES FL 34113 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered Agent signature required when reinstating) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its 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 MGRM THORPE, PETER MGRM THORPE, PETER 387 CAPRI BLVD.
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE NAME THORPE, PETER NAME THORPE, PETER STREET ADDRESS 387 CAPRI BLVD. STREET ADDRESS STREET ADDRESS STREET ADDRESS
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NAME MCKEON, JAMES ADDDD40372944
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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
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.