:/	2001	UNIFORM	BUSINESS	REPORT	(UBR
			DOSINESS	MELOUI	IOD

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAM

				(/					
1. Entity Nar	MENT # L9900 H ENTERPRISES, L.L.C.		FILED OIFEB 23 AH II: 31						
Principal Play	ce of Business	Mailing Address			-	OILER 52 WILL	سر بوهد ر ب		
•	RLANE ROAD	1234 TIMBERLANE ROAD	Mailing Address 1234 TIMBERI ANE ROAD			SECRETARY OF S ALLAHASSEE, FL	AIE ADIDA		
TALLAHASSE			TALLAHASSEE FL 32312		т	ALL AHASSEE, FL	אוטא		
					,			198 0 11 6 181 (1881	
<u> </u>									
2. Principal F	Place of Business	3. Mailing Address	, Mailing Address			F LEBITORY DEB LETTE TOTAL ODER OBTAL	****	1000) 0111 1001	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	<u> </u>	Cib. 9 State	Cit. 9 Ctla		4				
City & Sta	te	City & State	City & State		4. FEII	59-3605463	} 	oplied For ot Applicable	
Zip	Country	Zip Country		5. Cert	5 Certificate of Status Desired \$5.00 Additional				
	6. Name and Address of Current	Registered Agent	<u> </u>	т ———			Fee Require	d	
	- Halle and Hadisas of Calibility	g.storee rigent		7. Name and Address of New Registered Agent Name					
JAMES, I	HARRY R			Street Address	s (PO Pov N	Number is Not Acceptable)			
1234 TIM	IBERLANE ROAD			Street Addres	S (F.O. BOX I	P.O. Box Number is Not Acceptable)			
Tallaha	SSEE FL 32312								
	•			City			FL Zip Cod	е	
8. The above	named en its submits this statement for	r the fournose of changing its	registere	d office or regis	tered agent	or both, in the State of Florida		<u>. </u>	
	Alam	21			/	,		}	
SIGNATURE	Signature, typed or printed hame of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signature requi	ired when reinstat		DATE		
		FILE NO Make Check Pa	-	FEE IS \$50.0 o Department					
9.	MANAGING MEMBE		10.			ADDITIONS/CH			
TITLE NAME	MGRM BRITT-WOODS, JANICE K	☐ Delete	TITLE	I			☐ Change	☐ Addition	
STREET ADDRESS	7708 SUMMER TANAGER DR.		•	ET ADDRESS				ſ	
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY	ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE	I			☐ Change	Addition	
NAME STREET ADDRESS	WARREN, DAVID A 3688 PINE TIPP RD		NAME	E . Et address	•	5000037	ir sin be	1023	
CITY-ST-ZIP	TALLAHASSEE FL 32312			ST-ZIP		*****).00 ****	×50.00	
TITLE	MGRM	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	JAMES, HARRY R		NAME	:					
STREET ADDRESS CITY-ST-ZIP	2065 FOREST DR. WEST TALLAHASSEE FL 32303			ET ADDRESS -ST-ZIP				1	
	MGRM	Delete	TITLE				☐ Change	Addition	
TITLE NAME	JAMES, ROBERT C	L) Delete	NAME					☐ Addition	
STREET ADDRESS	3812 BOBBIN NROOK CIRCLE		STRE	ET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32312	<u> </u>	. CITY-	-ST-ZIP			·		
TITLE		Delete	TITLE)	☐ Change	Addition	
NAME STREEPADDRESS	*:		NAME STREE	ET ADDRESS		/		İ	
CITY-ST-ZIP	•			ST-ZIP		λ/			
TITLE .		☐ Delete	TITLE			JV	☐ Change	Addition	
NAME			NAME	I		- 1			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS				}	
	partify that the information available	this filing does not swalify for		ST-ZIP	Saction 110	07(3\(i) Elorido Statuto 1 5 mil	nor partify that the !-	formetics	
indicated	certify that the information supplied with on this report is true and accurate and t bility company or the receiver or trustee	that my signature shall have t	he same	legal effect as if	made unde	r oath; that I am a managing I	nember or manage	r of the	
аниеа на	oling company or the receiver or trustee	ampowered to execute this r	eport as	required by Cha	pter bus, Flo	onua Statulės.		}	

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #