## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT	# 1,0000	2000143	-			FII	LED			
1. Entity Name						01 MAR -7 PM 12: 34				
FICUS MAGNOLIA	A, LLC					SECRETAR		•		
						TALLAHASS	EE. FLORI	DA		
Principal Place of Business		Mailing Address	04D 01HT	T 400					•	
557 NORTH WYMORE ROAD. SUITE 100 557 NORTH WYMORE RO MAITLAND FL 32751 MAITLAND FL 32751			OAD. SUII	AD. Saire 100			•	,		
2. Principal Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Ni	ımber		Apr	lied For	
		,				59-362274			Applicable	
Zip	Country	Zip	Count	ıry		cate of Status Desired	Fee	.00 Addi Required		
6. Name	and Address of Current R	legistered Agent		Name	7. Name	and Address of New F	Registered Age	nt		
KOLTUN JEEEREY I	M									
KOLTUN, JEFFREY M 557 NORTH WYMORE ROAD, SUITE 100				Street Addre	ess (P.O. Box Nu	ımber is Not Acceptable	e) 			
MAITLAND FL 32751	1									
				City		_	FL	Zip Code		
8. The above named entit	y submits this statement for	the purpose of changing it	0.09.0.0.							
8. The above named entit					quired when reinstatin	g) ,	DATE			
SIGNATI IBE	y submits this statement for	nd title if applicable. (NO	TE: Registered	d Agent signature req	quired when reinstatin	o) .	DATE			
SIGNATI IBE		nd title if applicable. (NO	TE: Registered	d Agent signature req	quired when reinstatin	o)	DATE			
SIGNATI IBE		rid title if applicable. (NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	TE: Registered	d Agent signature req	quired when reinstatin	•	DATE			
SIGNATURE Signature, typed	or printed name of registered agent and a printed name of registered agent and a printed agent agent and a printed agent age	rid title if applicable. (NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	TE: Registered  IOW!!! I  ayable to	d Agent signature red FEE IS \$50.  o Departmer	quired when reinstatin	ADDITIONS	/CHANGES	Change	☐ Addition	
SIGNATURE Signature, typed  9.  TITLE MEM NAME BELLEW,	or printed name of registered agent and a printed name of registered agent and a printed agent agent and a printed agent age	FILE N Make Check Portion RS/MEMBERS  Delete	TE: Registered  IOW!!! I ayable to  10.  TITLE	d Agent signature red FEE IS \$50.  o Departmer	quired when reinstatin	ADDITIONS	/CHANGES	121 <u>0</u>	021 S	
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