2001 UNIFORM BUSINESS REPORT (UBR)

FILE D OI MAY 29 PH 3: 53 Fincepal Place of Business Po. Box 1498 P.O. Dox 1498 P.O.	DOCU 1. Entity Nam		00009261		86 ≥
Maining Address A. Best 1498 A	INLET INVESTMENT PROPERTIES, L.L.C.				FILED
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2. Principal Parce of Business Suita. Apt. 4. etc. Suita. Apt. 4. etc. Suita. Apt. 4. etc. City & State City & State City & State City & State 4. FEI Number 59-3624186 Applied For The Applied For So. 00 Not Writte in This specie So. 00 Additional For Required So. 00 Number is Not Acceptable) City FL Zip Code 8. The above named entity subgriting statement for the purpose of changing its registered office or registered agent, or both, in the State of Foods. SIGNATURE SIGNAT	P.O. BOX 14088 P.O. BOX 14088			10	SECRETARY OF STATE
Surface, Apt. #, etc. Surface, Apt. #, etc. Surface, Apt. #, etc. Do NOT WRITE IN THIS SPACE City & State Country Zip Country S. Certificate of Status Dozered \$5.00 Additional Fee Production 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Part Production 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Part Production Part Pro					1 1891/01/1 010 101/2 (01/7 00/1/ 00/1/ 00/1/ 00/1/ 00/1/ 00/1/ 00/1/ 10/1/ 10/1/ 1/0/
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System Country Zip Country Signal Address of Current Registered Agent 6. Name and Address of Current Registered Agent Fightham and Address of New Registered Agent Name BLACK, DAVID C III 7. TRANOULITY LANE DESTIN FL 32541 Cay FL Zip Coddo 8. The above named entity subgride tips statement for the purpose of changing its registered difference or registered agent, or both, in the State of Florida. SIGNALHIPE SIG	Suite, Apt. #, etc. Suite, Apt. #, etc.			÷ .	DO NOT WRITE IN THIS SPACE
S. Cerrinction or Salants Deterved Fee Required BLACK, DAVID C III 71. TRANOUITY LANE Street Address of New Registered Agent BLACK, DAVID C III 71. TRANOUITY LANE Street Address (P.O. Box Number is Not Acceptable) B. The above named entity submits tips statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Street Address (P.O. Box Number is Not Acceptable) B. MARIAN (your or prints name of registered to the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Street Address DAVID C	City & State	е	City & State		NG-3024 180
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BLACK, DAVID C III 71 TRANQUILITY LANE DESTIN FL 32541 City FL Zip Code		6. Name and Address of Currer	nt Registered Agent	Name	7. Name and Address of New Registered Agent
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B. The above named entity submist tips statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, special or private reams of indiplicates agent and size if application. (ICTE Requires Agent organize of the individual of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, special or private reams of indiplicates agent and size if application. (ICTE Requires Agent organize of the individual of the purpose of private reams of indiplications agent and size if a special organization and individual of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE S				Street Add	arisas (1.0. dox nombol to not viceopted to)
8. The above named entity submitle this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Signature	, DESTIN F	L 32341		City	Zin Code
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MANAGING MEMBERS 10. ADDITIONS/CHANGES TITLE MGRM DAVID C TITLE MGRM DESTIN FL TITLE MGRM MAME STREET ADDRESS TITLE MGRM	SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO		
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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	CITY-ST-ZIP	certify that the information supplied w	ith this filing does not qualify	CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information