

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000009303**1. Entity Name
M & T ENTERPRISES, L.L.C.

| | |
|--|--|
| Principal Place of Business 2198 MAIN STREET SARASOTA FL 34237 | Mailing Address 2198 MAIN STREET SARASOTA FL 34237 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 3060 GRAND BAY BLVD. Suite, Apt. #, etc. UNIT 1002 City & State LONGBOAT KEY FL | 3. Mailing Address 3060 GRAND BAY BLVD. Suite, Apt. #, etc. UNIT 1002 City & State LONGBOAT KEY FL |
| Zip 34228 | Country US |

4. FEI Number
65-0981547
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 6. Name and Address of Current Registered Agent JAENSCH P. CHRISTOPHER 2198 MAIN STREET SARASOTA FL 34237 | 7. Name and Address of New Registered Agent Name RUEFFER CARSTEN Street Address (P.O. Box Number is Not Acceptable) 3060 GRAND BAY BLVD. UNIT 1002 City LONGBOAT KEY FL Zip Code 34228 |
|--|--|

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 **CARSTEN RUEFFER** 04/25/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RUEFFER CARSTEN 3060 GRAND BAY BLVD. # 1002 LONGBOAT KEY FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STERN HERMANN 3060 GRAND BAY BLVD. #1002 LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STERN HERMANN 3060 GRAND BAY BLVD. #1002 LONGBOAT KEY FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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: **Hermann Stern** MGRM 04/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)