

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009396

1. Entity Name  
N501EK, L.L.C.

Principal Place of Business  
24301 WALDEN CENTER DRIVE, SUITE 300  
BONITA SPRINGS FL 34134

Mailing Address  
24301 WALDEN CENTER DRIVE, SUITE 300  
BONITA SPRINGS FL 34134

2. Principal Place of Business  
3. Mailing Address  
PO Box 07026

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
FT. MYERS, FL

Zip 33919 Country USA

01 JAN 30 PM 2:11  
FILED  
M 2/6

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3615351  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N  
24301 WALDEN CENTER DRIVE, SUITE 300  
BONITA SPRINGS FL 34134

## 7. Name and Address of New Registered Agent

Name  
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 \_\_\_\_\_  
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	MGRM HOFFMAN, ALFRED JR 24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS FL 34134	<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	MGRM ACKERMAN, DON E 24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1000003662991-2 -02/09/01-01022-015 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAGAN, JOHN C 11854 REGIONAL LANE FORT MYERS FL 33913	<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: *Alfred Hoffmann* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/26/01 941-433-5111 ext 38  
Date Daytime Phone #