

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90098 007 ****50.00

DOCUMENT # M00000001275

1. Entity Name

EN PROVENCE, L.L.C.

Principal Place of Business

**1343 MAIN ST., SUITE 302
SARASOTA FL 34236**

Mailing Address

**1343 MAIN ST., SUITE 302
SARASOTA FL 34236****933691**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 602

Suite, Apt. #, etc.

Suite 602

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3735295

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAPNICK, BRUCE P ESQ.
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
U.S. ASSETS GROUP II, L.L.P.
1343 MAIN ST., SUITE 302
SARASOTA FL 34236** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Suite 602 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TW EN PROVENCE, LLC
7120 BENEVA ROAD
SARASOTA FL 34238** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Suite 602 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

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

Date

Daytime Phone #

CR2E083 (9/01)