

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90262 025 ****50.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000000130			
1. Entity Name BREEHNE FAMILY, L.L.C.			
Principal Place of Business 883 VANDERBILT BEACH ROAD NAPLES FL 34108		Mailing Address 883 VANDERBILT BEACH ROAD NAPLES FL 34108	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 37-1380095		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required.			
6. Name and Address of Current Registered Agent BREEHNE, PAUL M 883 VANDERBILT BEACH ROAD NAPLES FL 34108		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM BREEHNE, PAUL M 883 VANDERBILT BEACH ROAD NAPLES FL 34108 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CR2E083 (9/01)

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]* **REQUIRE** **1/8/02** **941-597-5851**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #