

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90067 013 ****50.00

**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000001244
 1. Entity Name
 4602 Northgate Court, LLC

DO NOT WRITE IN THIS SPACE

B0054727

2. Principal Place of Business
 4602 Northgate Court
 Suite, Apt. #, etc.

3. Mailing Address
 Same
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Sarasota, FL

City & State

Zip 34234 Country USA

4. FEI Number
 06-1621876

Applied For
 Not Applicable

**DO NOT WRITE
 IN THIS SPACE**

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

7. Name and Address of Current Registered Agent

Name
 Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
 1201 Hayes Street

City Tallahassee FL Zip Code 32301-2525

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.

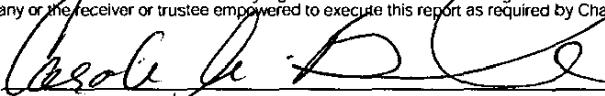
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Carole Banks 34921 US Highway 19 N # 415 Palm Harbor, FL 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Brad Lee 4602 Northgate Court Sarasota, FL 34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E083B (12/01)

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:  **3/11/02** **727-726-4888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #