


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
03 MAY -2 PM 6:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M01000001246**

1. Entity Name  
**2900 TWELFTH STREET NORTH, LLC**



Principal Place of Business <b>2900 TWELFTH STREET NORTH NAPLES, FL 34103</b>	Mailing Address <b>2900 TWELFTH STREET NORTH NAPLES, FL 34103</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



CHECK HERE IF MAKING CHANGES

**5. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2626**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

**100017850354**  
05/01/2003--01001--003 \*\*50.00

9. MANAGING MEMBERS / MANAGERS	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>BANKS, CAROL</b>	
STREET ADDRESS <b>34921 US HIGHWAY 19 N</b>	
CITY-ST-ZIP <b>PALM HARBOR, FL 34684</b>	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>GRAHAM, DWAYNE</b>	
STREET ADDRESS <b>2900 TWELFTH STREET</b>	
CITY-ST-ZIP <b>NAPLES, FL 34103</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Sharon Harris</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>P</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DP</b>	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Sharon Harris Sharon Harris, manager* 4-25-03 727-725-9590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Case Daytime Phone #

CRZE083 (10/02)