

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 14, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # M97000000391****1. Entity Name**

ARBUCKLE INVESTMENTS, LTD., L.L.C.

**Principal Place of Business**

1560 ARBUCKLE ROAD

LONDON  
43140

OH

**Mailing Address**

1560 ARBUCKLE ROAD

LONDON  
43140

OH

**2. Principal Place of Business**

636 S MARKET ST

**3. Mailing Address**

636 S. MARKET ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

TROY

OH

**City & State**

TROY

OH

**4. FEI Number****31-1486943**

Applied For

Not Applicable

Zip

45373

Country

US

Zip

45373

Country

US

**5. Certificate of Status Desired**☐**\$5.00** Additional  
Fee Required**6. Name and Address of Current Registered Agent**NEISWANDER JOHN T  
10530 119TH STREET N.

LARGO

33778

US

FL

**7. Name and Address of New Registered Agent**

Name

NEISWANDER JOHN T

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

1 WEST PALM FOREST

City

LARGO

FL

Zip Code

33779

**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)

**04/14/2000**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS/MEMBERS**TITLE MGRM ☐ Delete  
NAME NEISWANDER JOHN T  
STREET ADDRESS 10530 119TH STREET N  
CITY-ST-ZIP LARGO FL 33778**10. ADDITIONS/CHANGES**TITLE MGRM ☒ Change ☐ Addition  
NAME NEISWANDER JOHN T  
STREET ADDRESS 1 WEST PALM FOREST  
CITY-ST-ZIP LARGO FL 33779TITLE ☐ Delete  
NAME  
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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.**