2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9700000407 1. Entity Name SONMAR OF FT. MYERS, L.L.C.						SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address					- 00 F	MAR 13 AM11:57			
1134 WESTRAC DR. 1134 WESTRAC DR.									
FARGO ND 5	8103	FARGO ND 58103-2342				. (48:1881) (48 (84)) 4881(88)((88)) 48 ()(88)	II. Mader allist Arasis s	1811: (88 : 1 88)	
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2. Principal F	Place of Business	3. Mailing Address	failing Address		Ţ,	1884 1884	/ 381 41 34 411 8 4811 4		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State	ly & State		4. FELN	4. FEI Number Applied For			
Ony a one					11.7211	91-1824535	No	t Applicable	
Zip	Zip Country Zi		ip Country		5. Certi	5. Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name and Address of Current R	legistered Agent			7. Nam	e and Address of New Registered			
				Name					
AIKENS, GAIL 2003 SOUTH FRONTAGE ROAD				Street Address (P.O. Box Number is Not Acceptable)					
	TY FL 33566			-					
				City		F	Zip Code	9	
8. The above	e named entity submits this statement for	the purpose of changing its	 registere	ed office or regis	stered agent,	or both, in the State of Florida.			
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SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered	Agent signature requ	ired when reinstati	ng) DATE			
FILE NOW!!! FEE IS \$ Make Check Payable to Depart						mf 3/21/0	0		
9.	MANAGING MEMBE		10.			ADDITIONS/CHANGE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THARALDSON, GARY 1134 WESTRAC DR. FARGO ND 58103	· Delecto					☐ Change	Addition	
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*STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP		<u> </u>		- 8T - ZIP			Change	Addition	
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STREET ADDRESS				ET ADDRESS				ĺ	
11 boroby	certify that the information supplied with	this filing dose not qualify for		motion stated in	Section 119	07(3)(i) Florida Statutos I further o	ertify that the in	nformation	
indicated limited lia	certify that the information supplied with d on this report is true and accurate and t ability company or the receiver or truster	hat my signature shall have the empowered to execute this re	he same eport as	e legal effect as required by Ch	if made unde apter 608, Flo	r oath; that I am a managing mem orida Statutes.	ber or manage	r of the	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER