## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M9800000329  1. Entity Name ESL PROPERTIES, L.L.C.								FILED 00 JAN 20 PM 4: 23					
Dringing! Diag	o of Dunings			Mailing Address	<del></del>	<u></u>			SECRE	TARY O	FSTA	TE.	
Principal Place of Business Mailing Address 6222 KATHY LANE 6222 KATHY LANE								TALLAHASSEE. FLORIDA					
SHREVEPORT LA 71105 SHREVEPORT LA 71105-4406													
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2. Principal Place of Business 3. Mailing Address								• 101			(1 <b>08</b> ()( <b>P6</b> 1)	))	*1818 1811 1861
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State				City & State 72-				4. FEI Nur 00725	nber APPI	IED EOB			oplied For
Zip		Country		Zip	Cou	ntry		5.> Gertifica	ate of Status E	esired [	<b>§</b>	5.00 Add	ditional
	6 Name	and Address	of Current Re	gistered Agent		1			ınd Address d				<u>u</u>
		ana raancso	<u> </u>	9.0.00.00		Name							_
BUSH, LA	WRENCE P					Street Ado	dress (P.C	D. Box Nun	nber is Not Ac	ceptable)			<del></del>
		Lin Parkwa'		Street Address					<del></del>				
FORT WALTON BEACH FL 32548													
						City					FL	Zip Code	e
8. The above	named entity	submits this s	tatement for th	e purpose of changi	ng its registe	red office or re	egistered	l agent, or	both, in the St	ate of Florida.			
SIGNATURE .	Cinneture tongel	or printed name of re	gistered exect and	title if applicable	(NOTE: Register	red Agent signature	required wh	en reinstation			DATE		
<u> </u>	Signature, typed	or printed name of re	gistereo agent and	title ii applicable.	(NO12: Registe	eu Agant signature	1 leduked wit	en remistating)	·				<del></del>
						FEE IS \$50 to Departm		State					
9.		MANAGI	NG MEMBERS	S/MEMBERS	10				ADD	DITIONS/CHA	NGES		<del></del> .
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11. I hereby of indicated	on this repor	rt is true and ac	curate and the	is filing does not qua at my signature shall mpowered to execute	lify for the ex have the san	emption stated ne legal effect	as if mad	de under o	ath; that I am	Statutes. I furt a managing	her certif member	y that the ir or manage	nformation er of the
SIGNAT	URE: _	Trustee Sthel K	Colqui	THE STAGE  D NAME OF SIGNING MAN	AGING MEMBER		1 7	~10-	-2000 Date	(318) 8		294 time Phone #	
	·								<del></del>		<u>_</u>		