2001	UNI	FORM BUS	INE	SS REPO	RT	(UBF	R)					•			
DOCUMENT # M9800000998 1. Entity Name								•	¥						Ì
ANDERS I, LLC								FILED							
									01	SEP 2	0 P	N 12: 1	7		
_				ng Address									-		
SUITE 201 SU				101 W 11TH STREET UITE 201 REELEY CO 80634				SECRETARY OF STATE TALLAHASSEE, FLORIDA							
2. Principal P	lace of Busir	ness	- 1	Mailing Address				}							
				3400 W. 16TH ST., BLDG 5				'							
1				Suite, Apt. #, etc.						DO NOT	WHILEIN	N THIS SE	ACE		
City & State C				y & State REELEY, CO		4. FEI Numbe			per 84-1468663				oplied For ot Applicable		
Zip 80634		Country USA	1 '			itry A		5. Certificate of Status Desired Specificate of Status Desired Fee Required							
	6. Name	and Address of Current				Name		7. Name	and Add	iress of N	w Regis	stered A	jent		1
NII FD 14450 M 200										_					1
MILLER, JAMES M ESQ 112 W CITRUS STREET							ddress (F	O. Box N	umber is	Not Accep	table)				
ALTAMONTE SPRINGS FL 32714-2502															1
		City	City					FL Zip Code							
The above named entity submits this statement for the purpose of changing its registere							registere	ed agent, o	or both, in	the State	of Florida				1
		,			- 5		-5								1
SIGNATURE _	Signature, typed	or printed name of registered agent	t and title if ap	oplicable. (NOTE	Registere	d Agent signatu	ure required v	when reinstatin	ıg)			DATE			1
					W!!!	FEE IS \$	50.00		10				701 1004	2	
				Make Check Payable to Department of Due By September 26, 2001				State					米米米米米		
9. MANAGING MEMBERS/MA				NAGERS	10.					ADDITIO	DNS/CH.	ANGES			┨
TITLE	MGRM			☐ Delete	E	MGR	M		-		X	Change	☐ Addition	٦ <u>چ</u>	
NAME STREET ADDRESS		, Katherine a 11th Street			EET ADDRESS	ROCHE, KATHERINE A. 3400 W. 16TH ST., BLDG 5, SUIT					1 7 476 V		8		
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TITLE				☐ Delete	TITLE	E							☐ Change	Addition	7

STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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.

RATHELINE A. ROULE

SIGNATURE:

SEPTEMBER 14, 2001 970/356-6900 X12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR-NUTHORIZED REPRESENTATIVE

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STREET ADDRESS CITY-ST-ZIP

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