2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan		19800000	71707							
CARBONE PROPERTIES OF NAPLES, LIMITED LIABILITY							00 MAY 16 PM 3: 34			
		,					SECRETARY O	FISTATE		
Principal Plac	re of Business		ng Address				LLAHASSEE	FLORIDA	A	
Principal Place of Business Mailing Address 5885 LANDERBROOK DRIVE. SUITE 110 CLEVELAND OH 44124 CLEVELAND OH 44124				RIVE. SUITE	110					
				031					•	
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2. Principal Place of Business 3. Mailing			iling Address			- I			<u> </u>	1914) (99) 1891
Suite, Apt.	. #, etc.	Suite	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For			
City & Cto	4	City				4 5518				
City & State		City	City & State			4. FEI Number		34-1876931		ot Applicable
Zip Country		Zip	Zip Cou		try	5. Certi	ficate of Status Desir	ed 🔲	\$5.00 Add Fee Require	ditional ed
	6. Name and Address	of Current Registere	ed Agent	_		7. Nám	e and Address of No	w Registere	d Agent	-
CORRORA	ATION CEDIFICE COMPA	.NV			Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Addres	ss (P.O. Box N	lumber is Not Accep	able)		
TALLAHAS	SSEE FL 32301-2525									
					City			F	L Zip Cod	е
8. The above	named entity submits this	statement for the purp	oose of changing it	ts registere	ed office or regis	stered agent,	or both, in the State of	of Florida.	I	
SIGNATURE	Signature, typed or printed name of	registered agent and title if app	olicable. (NO	TE: Registered	d Agent signature requ	uired when reinstati	ng)	DATE		
SIGNATURE	Signature, typed or printed name of	registered agent and title if app					ng)	DATE		····
SIGNATURE	Signature, typed or printed name of	registered agent and title if app		(OW!!! I	FEE IS \$50.0	0	ng)	DATE		
			FILE N Make Check P	IOW!!! I	FEE IS \$50.0	0		DATE		
9.	MANAG	registered agent and title if app	FILE N Make Check P	(OW!!! I	FEE IS \$50.0 o Department	0				Addition
9. TITLE	MANAG MGR CARBONE, ROSS P	GING MEMBERS/MEM	FILE N Make Check P	IOW!!! Idayable to	FEE IS \$50.0 o Department	0			ES	Addition
TITLE MAME STREET ADDRESS	MANAG	GING MEMBERS/MEM	FILE N Make Check P	IOW!!! I ayable to	FEE IS \$50.0 o Department	0			ES	Addition
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SIGNATURE

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

ARBONE

5-1-00

APPROVED

440-449-6750

Daytime Phone #