

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0029193 AF

DOCUMENT # M98000001407

1. Entity Name

CARBONE PROPERTIES OF NAPLES, LIMITED LIABILITY

01 APR 23 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5885 LANDERBROOK DRIVE, SUITE 110
CLEVELAND OH 44124

Mailing Address

5885 LANDERBROOK DRIVE, SUITE 110
CLEVELAND OH 44124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1876931

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, MARK J
%ROETZEL & ASSOCIATES, LPA
850 PARK SHORE DR., 3RD FL
NAPLES FL 34103

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600004137806--2
-05/07/01--01014--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME CARBONE, ROSS P
STREET ADDRESS 5885 LANDERBROOK DRIVE, SUITE 110
CITY-ST-ZIP CLEVELAND OH 44124

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME CARBONE, VINCENT P
STREET ADDRESS 5885 LANDERBROOK DRIVE, SUITE 110
CITY-ST-ZIP CLEVELAND OH 44124

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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.

SIGNATURE:

VINCENT P. CARBONE 04/17/01

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

Date

Daytime Phone #

CR2E083 (11/00)