

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90046 025 ****50.00

DOCUMENT # M98000001600

1. Entity Name

WILLOW LAKE ENTERPRISES LTD. L.C.

Principal Place of Business

1582 MUSKEGON DRIVE
 CINCINNATI OH 45255

Mailing Address

1582 MUSKEGON DRIVE
 CINCINNATI OH 45255

2. Principal Place of Business

6560 Beach Resort DR

Suite, Apt. #, etc.

Unit 8

City & State

NAPLES, FL

Zip

Country

USA

3. Mailing Address

6560 Beach Resort DR

Suite, Apt. #, etc.

Unit 8

City & State

NAPLES, FL

Zip

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1591735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DIECKHAUS, DEBORAH
 9035 MICHAEL CIRCLE, UNIT 1
 NAPLES FL 34113

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
 NAME RYAN, JOSEPH R
 STREET ADDRESS 1582 MUSKEGON DRIVE
 CITY-ST-ZIP CINCINNATI OH 45255

TITLE MGRM ☐ Delete
 NAME RYAN, JULIE ANN
 STREET ADDRESS 1582 MUSKEGON DRIVE
 CITY-ST-ZIP CINCINNATI OH 45255

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

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

3/11/02

513-474-3609
 Daytime Phone #

CR2E083 (9/01)