1/10

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 30, 2003 8:00 am Secretary of State

1. Entity Name	MENT # NO2000 LM CONDOMINIUM ASSOCI		01-10-2003 9002	9 045 **	***61.25				
Principal Place of Business 6820 MALONY AVENUE LOT #14 KEY WEST FL 33040		Mailing Address 6820 MALONY AVENUE LOT #14 KEY WEST FL 33040			I.R.S.	E I N T	H Qlech Lower		af c
2. Principal Pla	ace of Business	3. Mailing Address				<b>1</b>			
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number Applied For Not Applicable				]
Zip	Country	Zip	Cou	untry	5. Certificate of St.	atus Desired	8.75 Ad	ditional	7
	6. Name and Address of Current	Registered Agent	<u></u>		7. Name and Add	ress of New Registered A			
	- ALLEN BA			Name		· .			7
6620 MALO	, CHARLES A Ony avenue			Street Address (	is (P.O. Box Number is Not Acceptable)				]
LOT #14 KEY WEST	FL 33040		ŗ	City	· <del>····</del>		Zip Cod	i	
	- <del></del>	···	·	<u> </u>		FL	<u> </u>		
	named entity submits this statement for ons of registered agent.	r the purpose of changing its	registera	ed office or register	ed agent, or both, in t	the State of Florida. I am ta	miller with,	and accept	
SIGNATURE	Signatura, typed or printed name of registered agent (	and title if applicable. (NOTE	E: Registerer	d Agent signature required	J when reinstating)	DATE	<u> </u>		
FILE NOW: FEE IS \$81.25 9. Election Camp Trust Fund Cor					\$5.00 May Be Added to Fees	Make Check Florida Departn			1
10.	OFFICERS AND DIF	j			r		CTORCIA	10	-
TITLE P	PD	RECTORS	11.		ADDITIONS/CHANGE	S 10 OFFICERS AND DIRE	CIURS IN		าล
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/7/03 305 294-6769