## FILED Apr 29, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P 000000 46968 DOSUMENT # 1. Entity Name 04-24-2002 90349 046 \*\*\*150.00 04-29-2002 90083 020 \*\*\*150.00 LIVINGSTONEGLD 41 PLAZA INC 10353 TAMIAMI TRAIL NORTH 10353 TAMIAMI TRAIL NORTH NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip- · Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONROY, J. THOMAS III Street Address (P.O. Box Number is Not Acceptable) 3838 TAMIAMI TRAIL NORTH STE 402 NAPLES FL 34103 City 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change TITLE ☐ Addition Delete TITLE CHAPIN, W.E. III NAME NAME 10353 TAMIAMI TRAIL NORTH STREET ADDRESS STREET ADDRESS NAPLES FL 34108 CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP "CITY" STEZIP" Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. It 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 807. Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered,

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(10/0)

L1034 02/28/2002 11:25 AM 7004

Form

ATTACH # P000000 46968/63998/
OMB No. 1545-0233

(Date)

Form 7004 (Rev. 10-2000)

Department of the Treasury Internal Revenue Service

(Signature of officer or agent)

For Paperwork Reduction Act Notice, see Instructions.

DAA

(Rev\_Octoper 2000)

Name of corporation			Employe	r identification number
LIVINGSTON OLD 41 PLAZA INC			J	
Number, street, and room or suite no. (If a P.O. box or outside the U		<del></del>	59-36	49833
10353 TAMIAMI TRAIL	mico otates, see asaucuons.)			
City or town, state, and ZIP code	<u> </u>	<del></del>		<del></del>
NAPLES FL 341	08			•
Check type of return to be filed:				<del></del>
Form 990-C	m 1120-FSC	Form 1120-i	PC:	M 5 44000
Form 1120 For	rm 1120-H	Form 1120-		Form 1120S
Form 1120-A For	m 1120-L	Form 1120-l		∐ Form 1120-SF
Form 1120-F For	m 1120-ND	Form 1120-		
United States		an office or place of busines	ss in the	
1 Request for Automatic Extension (see instructions)		<u> </u>	*****	<u> </u>
a Extension date. I request an automatic 6-month (or,	for certain corporations, 3-rr	onth) extension of time		
until 9/16/02, to file the income tax retu	m of the corporation named		calendar	
year 20 01 or ▶ ☐ tax year beginning	, and end	ing		
b Short tax year. If this tax year is for less than 12 mon	ths, check reason:			
Initial return   Final return	Chang	e in accounting period	Consc	olidated return to be filed
2 Affiliated group members (see instructions). If this a	pplication also covers subsi	diaries to be included in a cor	solidated	
return, provide the following information:				
Name and address of each member of the affilia	led group	Employer identification n	umber	Tax period
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		•		
3 Tentative tax (see instructions)			. [	
4 Payments and refundable credits: (see instructions)			3	0
a Overpayment credited from prior year 4a				
b Estimated tax payments for the tax year 4b				
c Less refund for the tax year applied				
for on Form 4466 4c	,	Bal 4d		
e Credit for tax paid on undistributed capital gains (Form	2439)	4e		
f Credit for Federal tay on fuels (Form 4120)		41		
	******************	····		
5 Total. Add lines 4d through 4f (see instr.)				0
6 Balance due. Subtract line 5 from line 3. Deposit this amount using the Electronic Federal			5	<u> </u>
Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon (see instructions)				0
ignature. Under penalties of perjury, I declare that I have been authored belief, the statements made are true, correct, and complete.	rized by the above-named corpo	pration to make this application, an	d to the best of my	knowledge
(Signature of officer or agent)		CPA.		21.28/02