2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00343

1. Entity Name

SVENSKA PROPERTIES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -9 AM 9:10

000638 AF

Principal Place of Business	Mailing Address
% ALBERT D. CELIO P.O. BOX 939 COCOA FL 32923-0939	% ALBERT D. CELIO P.O. BOX 939 COCOA FL 32923-0939

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Dewey W. Harris	c/o Dewey W. Harris
Suite, Apt. #, etc.: 976 Brevard Ave, Suite B	Suite, Apt. #, etc.: 976 Brevard Ave, Suite B
City & State: Rockledge, Florida	City & State: Rockledge, Florida
Zip: 32955 Country: Brevard	Zip: 32955 Country: Brevard

4. FEI Number 59-3047988 ☐ Applied For ☐ Not Applicable

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
CELIO, ALBERT D 976 BREVARD AVENUE ROCKLEDGE FL 32955	Name: Dewey W. Harris Street Address (P.O. Box Number is Not Acceptable): 976 Brevard Ave, Suite B City: Rockledge FL Zip Code: 32955

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 Dewey W. Harris Dewey W. Harris
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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR CARLSON, TORBJORN 421 65 VASTRA FROLUNDA SWEDEN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR CARLSON, ULLA 421 65 VASTRA FROLUNDA SWEDEN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR AHLMAN, BO 421 31 VASTRA FROLUNDA SWEDEN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200003851392--3 -03/13/01--01116--013
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*****50.00 ☐ *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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: [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #