2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2002 8:00 am Secretary of State DOCUMENT # L0000010142 1. Entity Name 02-05-2002 90059 012 ****50 00 ARCADIA PROPERTIES, LLC ٠٠٠ . ٠٠٠ د Principal Place of Business Mailing Address 405 CENTRAL AVENUE, SUITE 303 405 CENTRAL AVENUE, SUITÉ 303 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3704322 Not Applicable Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GOLDSTEIN, BRUCE S** Street Address (P.O. Box Number is Not Acceptable) 500 EAST KENNEDY BOULEVARD, SUITE 101-A **TAMPA FL 33602** Zip Code City FL 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, 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. ☐ Addition MGRP Change TITI F ☐ Delete MCCLURE, J. RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 405 CENTRAL AVE., STE 303 CITY-ST-7IP CITY-ST-ZIP ST PETERSBURG FL Change Change ☐ Addition MGRP ☐ Delete TITLE TITLE HARVEY, WILLIAM NAME NAME 166 SW CASSINE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL - ---- Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-7IP

NAME

STREET ADDRESS

CITY-ST-ZIP