2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90185 025 ****50.00

0035274

DOCUMENT # L00000010142

1. Entity Name
ARCADIA PROPERTIES, LLC

Principal Place of Business	Mailing Address
405 CENTRAL AVENUE, SUITE 303 ST. PETERSBURG FL 33701	405 CENTRAL AVENUE, SUITE 303 ST. PETERSBURG FL 33701

2. Principal Place of Business	3. Mailing Address
c/o McClure Co. 405 Central Avenue	c/o McClure Co. Inc. 405 Central Avenue
Suite, Apt. #, etc.: Suite 100-B	Suite, Apt. #, etc.: Suite 100-B
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33701 Country: USA	Zip: 33701 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3704322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, BRUCE S
500 EAST KENNEDY BOULEVARD, SUITE 101-A
TAMPA FL 33602

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP MCCLURE, J. RICHARD 405 CENTRAL AVE., STE 303 ST PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 405 Central Avenue, STE 100-B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP HARVEY, WILLIAM 166 SW CASSINE STREET PALM CITY FL	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: J. Richard McClure SIGNATURE REQUIRED 4-27-03 727-821-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #