2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000013644

1. Entity Name

DOWNTOWN PROPERTIES OF FLORIDA, LLC



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90025 033 ****50.00

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			Mailing Address 1523 N. FRANKLIN ST. TAMPA FL 33602									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State									
							Not Applicable					
Zip Country			Zip Country				5. Certificate of Status Desired See Required Fee Required					
	6. Name and Ad	dress of Current Rec	gistered Agent				7. Name a	nd Addres	s of New F	Registered	Agent	
ACC	CARDI, JASON				Name							
1523 TAM		Street Addre			s (P.O. Box Number is Not Acceptable)							
	•				City				••	FI	Zip Cod	de
8. The above	named entity submit	s this statement for the	e purpose of changing its	registere	d office or i	registered	l agent or h	oth in the	State of Flo		_	and accent
the obligat	ions of registered ago	ent.	o purpose of energing its	ogistore	50 0.1100 01	registered	agoni, or c	our, in the	State Of The	Jilua. Tali	i idiiliidi witii	, and accept
SIGNATURE	Signature, typed or printed r	name of registered agent and ti	tle if applicable. (NOTE	: Registere	d Agent signatur	re required wh	nen reinstating)			DATE		
			Make Check Payable	e to Flo	FEE IS \$5 orida Depa ay 1, 2003	artment	of State					
9. MANAGING MEMBE			S/MANAGERS 10.					Λ1	DDITIONS,	/CHANCE	<u>e</u>	
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NAME	ACCARDI, JASO	N	Delete	NAMI							☐ Change	Addition
STREET ADDRESS	1523 N. FRANKI				ET ADDRESS							į
CITY-ST-ZIP	TAMPA FL 3360		•		-ST-ZIP							
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I hereby certify that the information supplied with this filling 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 simpowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #