

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90137 024 \*\*\*\*50.00

**DOCUMENT # L00000015857**

1. Entity Name  
**AZTLAN PROJECTS, L.L.C.**



Principal Place of Business 130 8TH AVE., SOUTH SAFETY HARBOR FL 34695	Mailing Address 130 8TH AVE., SOUTH SAFETY HARBOR FL 34695
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3691542**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**DRUMMOND, TEMPLE H**  
**100 S. ASHLEY DRIVE**  
**SUITE 1500**  
**TAMPA FL 33602**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGR						
	MATTHEWS, DON E MEMBER	2826 DEL RIO DRIVE	BELLEAIR BLUFFS FL 33770				
	MGR						
	HARARI, RAFAEL MEMBER	3711 PRESIDENTIAL DRIVE	PALM HARBOR FL 34685				
	MGR						
	SCHLAU, ETHAN MEMBER	1048 HAGAN DRIVE	NEW PORT RICHEY FL 34655				

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: *Don Matthews* **SIGNATURE REQUIRED** 4/30/02 787-409-5199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)