

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90139 028 ****50.00

DOCUMENT # L01000003576

1. Entity Name
1ST STREET 8 UNIT CONDO, L.L.C.



Principal Place of Business Mailing Address
101 STARCREST DR. **101 STARCREST DR.**
CLEARWATER FL 33765 **CLEARWATER FL 33765**

975487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3705686 Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
LOVELACE, WILLIAM K ESQ.
401 S. LINCOLN AVE.
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
 Name **Tim Bouchard**
 Street Address (P.O. Box Number is Not Acceptable)
101 STARCREST DR
CLEARWATER FL 33768
 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 Tim Bouchard Tim Bouchard 8/16/02
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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Secretary <input type="checkbox"/> Delete Timothy A. Bouchard 977 PT Seaside Dr. Box 868 CRYSTAL BEACH, FL. 34681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ray Bouchard Vice President <input type="checkbox"/> Delete Ray Bouchard 1962 Downing Place PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Bouchard Vice President <input type="checkbox"/> Delete Robert Bouchard 1350 560 CT DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Scartozzi President <input type="checkbox"/> Delete Robert Scartozzi: Custom Builders Inc 1877 N. Highland AVE. TARDON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tim Bouchard Tim Bouchard 8/16/02 727-447-6481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)