

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90271 030 ****50.00

0065340

DOCUMENT # L02000000349

1. Entity Name
123RD CIRCLE, L.L.C.



Principal Place of Business
**2404 HAMPTON LANE WEST
SAFETY HARBOR FL 34695**

Mailing Address
**2404 HAMPTON LANE WEST
SAFETY HARBOR FL 34695**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
15371 Roosevelt Blvd.

3. Mailing Address
15371 Roosevelt Blvd.

Suite, Apt. #, etc.
Suite # 107

Suite, Apt. #, etc.
Suite # 107

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number

n/a

Applied For

Not Applicable

Zip Country
33760 USA

Zip Country
33760 USA

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

**GASSMAN, ALAN S ESQ
1245 COURT STREET, SUITE 102
CLEARWATER FL 33756**

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 **MGR** ☐ Delete
NAME **RECENT PROPERTIES LIMITED PARTNERSHIP I**
STREET ADDRESS **2404 HAMPTON LANE WEST**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Regent Properties Limited Partnership I**
STREET ADDRESS **15371 Roosevelt Blvd. Suite # 107**
CITY-ST-ZIP **Clearwater, FL 33760**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

CR2E083 (10/02)