

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90014 040 \*\*\*\*50.00

**DOCUMENT # L02000003232**



1. Entity Name

**AYE HOLDINGS, LLC**

Principal Place of Business

**400 N. TAMPA STREET, SUITE 2300  
TAMPA FL 33602**

Mailing Address

**400 N. TAMPA STREET, SUITE 2300  
TAMPA FL 33602**

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

**01-0593972**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GOODWIN, JAMES W  
400 N. TAMPA STREET, SUITE 2300  
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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**MANAGER**  
**Elizabeth S. Aye**  
**400 N. Tampa Street, Suite 2300**  
**Tampa, FL 33602**

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:** *Elizabeth S. Aye* **SIGNATURE REQUIRED** **ELIZABETH S. AYE**

**2-23-03** **(813) 286 0228**

CR2E083 (10/02)

Attachment 30040761  
# 102000003232

Date: March 4, 2003

\$ \*\*\*50.00\*\*\*

Fifty and 00/100.....

Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Payee: Florida Department of State

Vendor ID: 2639

Check #: 22073

Memo:

Check Date: Mar 04/03

<u>Invoice Num</u>	<u>Invoice Date</u>	<u>Reference</u>	<u>Invoice Amount</u>	<u>Amount Paid</u>	<u>Discount Taken</u>	<u>Payment Amt</u>
030403	Mar 04/03	JWG/mar	50.00	50.00	0.00	50.00
		JWG/mar 4232-1; UBR Filing Fee				
		Totals:	\$50.00	\$50.00	\$0.00	\$50.00