

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 19, 2001 08:00 AM  
Secretary of State**

**DOCUMENT # L93000000122**

1. Entity Name  
BIRDSOUND DEVELOPMENT I, L.C.

Principal Place of Business 6699 90TH AVENUE  PINELLAS PARK FL 33782	Mailing Address 6699 90TH AVENUE  PINELLAS PARK FL 33782
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2. Principal Place of Business 742 SECOND AVENUE, SOUTH Suite, Apt. #, etc.	3. Mailing Address 742 SECOND AVENUE, SOUTH Suite, Apt. #, etc.
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City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
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Zip 33701	Country	Zip 33701	Country
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4. FEI Number <b>59-3219103</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

PROSSER JOHN M  
6699 90TH AVENUE NORTH  
  
PINELLAS PARK FL 33782 US

**7. Name and Address of New Registered Agent**

Name  
PROSSER JOHN M  
Street Address (P.O. Box Number is Not Acceptable)  
742 SECOND AVENUE, SOUTH  
  
City  
ST. PETERSBURG FL Zip Code  
33701

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 **JOHN M. PROSSER**

**02/19/2001**

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

**9. MANAGING MEMBERS / MEMBERS**

TITLE MEM	<input checked="" type="checkbox"/> Delete
NAME KONKLE KATHI L	
STREET ADDRESS 6699 90TH AVENUE NORTH	
CITY-ST-ZIP PINELLAS PARK FL 33782	
TITLE MGRM	<input type="checkbox"/> Delete
NAME PROSSER JOHN M	
STREET ADDRESS 6699 90TH AVENUE NORTH	
CITY-ST-ZIP PINELLAS PARK FL 33782	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS / CHANGES**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PROSSER JOHN M	
STREET ADDRESS 742 SECOND AVENUE, SOUTH	
CITY-ST-ZIP ST. PETERSBURG FL 33701	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: John M. Prosser**

**MGRM 02/19/2001**

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

Date

Daytime Phone #

CR2E083 (1/00)