

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000119

1. Entity Name

TITUSVILLE PARTNERS, LLC

Principal Place of Business

6900 SOUTH 900 EAST, SUITE 100
MIDVALE UT 84047

Mailing Address

6900 SOUTH 900 EAST, SUITE 100
MIDVALE UT 84047

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR URRY, STEVEN P
STREET ADDRESS 6900 SOUTH 900 EAST, SUITE 100
CITY-ST-ZIP MIDVALE UT 84047

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Member 4-S.R. Investment Co., Ltd.
STREET ADDRESS 4900 So. 900 E., Suite 100
CITY-ST-ZIP Midvale, UT 84047

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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 #

1.11.2001 801-562-6500

FILED

01 FEB 19 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 87-0624388

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

CR2E083 (11/00)