

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000015608**

1. Entity Name
401-415 SOUTH DALE L.L.C.

FILED

01 SEP 28 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% COMMERCIAL ASSET MANAGERS, INC.
415 S. DALE MABRY HWY., SUITE F
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
P.O. Box 26563

Suite, Apt. #, etc. Suite, Apt. #, etc.
Tampa, FL

City & State City & State
Tampa, FL

4. FEI Number Applied For
59-3690253 Not Applicable

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

6. Name and Address of Current Registered Agent

COMMERCIAL ASSET MANAGERS, INC.
% FRANK R. HAYDEN, PRES.
415 S. DALE MABRY HWY., SUITE F
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name **RICK W. SADORF, ESA**
 Street Address (P.O. Box Number is Not Acceptable)
696 FIRST AVENUE NORTH, SUITE 201
 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 *Rick W. Sadoff* **RICK W. SADORF** **9/25/01**
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 26, 2001

000004619310--8
-10/02/01--01002--022
*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMMERCIAL ASSET MANAGERS, INC. 415 S. DALE MABRY HWY, SUITE F TAMPA FL 33623-6563	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	P.O. Box 26563 Tampa, FL 33623-6563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ROBERTO GARCIA 5110 EISENHOWER BLVD, SUITE 120 TAMPA, FL 33634	<input type="checkbox"/> Change <input checked="" 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
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: *Rick W. Sadoff* **RICK W. SADORF** **9/26/01** **813-**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

STAPLE CHECK HERE

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