

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90115 040 \*\*\*\*50.00

**DOCUMENT # L00000015608**

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

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

Mailing Address  
**P.O. BOX 26563**  
**TAMPA FL 33623-6563**

**010101**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5110 EISENHOWER BLVD**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 120**

Suite, Apt. #, etc.

City & State  
**TAMPA FL**

City & State

4. FEI Number **59-3690253**

Applied For  
 Not Applicable

Zip **33634** Country **U.S.**

Zip Country

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**

**SADORF, RICK W ESQ**  
**696 FIRST AVENUE NORTH, SUITE 201**  
**ST PETERSBURG FL 33701**

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**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE **MGR**  Delete  
 NAME **GARCIA, ROBERTO**  
 STREET ADDRESS **5110 EISENHOWER BLVD., STE 120**  
 CITY-ST-ZIP **TAMPA FL 33634**

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:

*[Handwritten Signature]*  
**SIGNATURE REQUIRED**

1/15/02

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

Date

Daytime Phone #

CR2E083 (9/01)