

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90391 041 ****50.00

DOCUMENT # L000G00000966

1. Entity Name
EDDAD PROPERTIES, L.L.C.

Principal Place of Business
**9909 EARLSTON STREET
 ORLANDO FL 32817**

Mailing Address
**9909 EARLSTON STREET
 ORLANDO FL 32817**

900010



DO NOT WRITE IN THIS SPACE

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 **59-3621377**

Applied For
 Not Applicable

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

**RUBIO, PIEDAD
 9909 EARLSTON STREET
 ORLANDO FL 32817**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME MGRM BLECKER, EDGAR R M.D. STREET ADDRESS 9216 DAY FLOWER DR. CITY-ST-ZIP TAMPA FL 33647	<input type="checkbox"/> Delete	TITLE NAME MGRM BLECKER, EDGAR R M.D. STREET ADDRESS 468 MIDVALE TERR CITY-ST-ZIP SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MEM BLECKER, ELGA A STREET ADDRESS 9216 DAY FLOWER DR. CITY-ST-ZIP TAMPA FL 33647	<input type="checkbox"/> Delete	TITLE NAME MEM BLECKER ELVA.A. STREET ADDRESS 468 MIDVALE TERR CITY-ST-ZIP SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MEM RUBIO, PIEDAD M STREET ADDRESS 9909 EARLSTON ST. CITY-ST-ZIP ORLANDO FL 32817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MEM RUBIO, HERNAN R STREET ADDRESS 9909 EARLSTON ST. CITY-ST-ZIP ORLANDO FL 32817	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Piedad Rubio **REQUIRED**

4/23/2

CR2E083 (9/01)