

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90123 021 \*\*\*\*50.00

**DOCUMENT # M98000000968**

1. Entity Name  
**ALADDIN TEMP-RITE LLC**



Principal Place of Business  
**555 MARIOTT DRIVE, SUITE 400  
NASHVILLE TN 37214**

Mailing Address  
**2227 WELBILT BLVD.  
NEW PORT RICHEY FL 34655**

2. Principal Place of Business  
**250 E. Main street**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 2978**  
Suite, Apt. #, etc.

City & State  
**Hendersonville, TN**  
Zip  
**37075** Country  
**Summer**

City & State  
**Hendersonville, TN**  
Zip  
**37077-2978** Country  
**Summer**

4. FEI Number **06-1523665**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By September 24, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM** ☒ Delete  
NAME **NASHVILLE HOLDING COMPANY**  
STREET ADDRESS **2227 WELBILT BLVD.**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Ali S.p.a.**  
STREET ADDRESS **Via Gobetti, 2a Villa Florida**  
CITY-ST-ZIP **20063 Cernusco s/N (MI)**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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: **[Signature]** **REQUIRED**

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

Date

Daytime Phone #

**8/22/03 (615) 537-3741**

CR2E083 (4/03)