

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000000206

Entity Name: THE 26TH STREET, LLC

FILED
Jan 14, 2003
Secretary of State

Current Principal Place of Business:

9021 TOWN CENTER PARKWAY
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

9021 TOWN CENTER PARKWAY
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 65-0971198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCALLISTER-SMITH, KIMBERLY M
9021 TOWN CENTER PARKWAY
BRADENTON, FL 34202

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SMG, LLC,
Address: 9021 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NEWSOME, JOHN S
Address: 9021 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202

Title: MGR () Change (X) Addition
Name: DOYLE, MICHAEL J
Address: 9021 TOWN CENTER PARKWAY
City-St-Zip: BRADENTON, FL 34202

Title: MGR () Change (X) Addition
Name: LA COSTA DEVELOPMENT, CORP
Address: P O BOX 14115
City-St-Zip: BRADENTON, FL 34280

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN S NEWSOME

MGR

01/14/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date