

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000557

1. Entity Name

RSP PROPERTIES, L.L.C.

FILED

01 FEB -9 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4815 W. WOODMERE ROAD
TAMPA FL 33609

Mailing Address

4815 W. WOODMERE ROAD
TAMPA FL 33609

2. Principal Place of Business

18514-A U.S. HWY. 19-N

3. Mailing Address

18514-A U.S. HWY. 19-N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

'A'

'A'

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

Country

33764

USA

Zip

Country

33764

USA

4. FEI Number

59-2601152

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNIPES, FRANK V

4815 W. WOODMERE ROAD 18514-A U.S. HWY 19-N
TAMPA FL 33609 CLEARWATER, FL 33764

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.

SIGNATURE

FRANK V. SNIPES

2-6-01

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

9. MANAGING MEMBERS/MEMBERS

TITLE ~~MANAGER~~ MANAGER ☐ Delete
NAME JAMES J. RAY
STREET ADDRESS 18514-A, U.S. HWY 19-N
CITY-ST-ZIP CLEARWATER, FL 33764

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003745543--0
CITY-ST-ZIP -02/21/01--01084-003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *****55:00 *****55:00

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

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

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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: ~~SIGNATURE REQUIRED~~

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

Date

Daytime Phone #

2-06-01 (727) 535-3000

RECEIVED (11/00)