

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90011 024 ****50.00

DOCUMENT # L00000000904

1. Entity Name

TD PROPERTIES, LLC

Principal Place of Business

5 RUE D'ETRETAT
 DESTIN FL 32541

Mailing Address

PO BOX 354
 DESTIN FL 32540

2. Principal Place of Business

4737 Papaya Park

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3622738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DAVID, DONALD W III
 5 RUE D'ETRETAT
 DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4737 Papaya Park

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

4/20/02

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 MGRM
 NAME DAVID III, DONALD W ☐ Delete
 STREET ADDRESS 5 RUE D'ETRETAT
 CITY-ST-ZIP DESTIN FL

TITLE
 NAME 4737 Papaya Park ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM
 NAME TIEMEYER, HENRY C ☐ Delete
 STREET ADDRESS 3013 ADIRONDACK DR., NE
 CITY-ST-ZIP CEDAR RAPIDS IA

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Change ☐ Addition
 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 #

4/20/02

CR2E083 (9/01)