

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000985

1. Entity Name

MACDILL CORPORATE CENTER, LLC

FILED

01 JAN 16 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5303 S. MACDILL AVE.
TAMPA FL 33611

Mailing Address

5303 S. MACDILL AVE.
TAMPA FL 33611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3624339

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

HOLLISTER, WILLIAM S
8001 N. DALE MABRY HWY, SUITE 501M
TAMPA FL 33614

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE: President + CEO Delete
NAME: CONNELL, KEVIN G.
STREET ADDRESS: 4141 BAYSHORE BLVD 1602
CITY-ST-ZIP: TAMPA, FL 33611

TITLE: President / CEO Change Addition
NAME: CONNELL, KEVIN G.
STREET ADDRESS: 4141 BAYSHORE BLVD #1602
CITY-ST-ZIP: TAMPA, FL 33611

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS: 500003567985--6
CITY-ST-ZIP: -01/23/01--01074--035

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Delete
NAME:
STREET ADDRESS:
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/01/01 813-835-9669

Date

Daytime Phone #

CR2E083 (11/00)