

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-08-2002 90144 014 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000001496**

1. Entity Name

GABRIEL ANN PROPERTIES, L.L.C.

Principal Place of Business

**120 BALTIC CIRCLE
TAMPA FL 33606**

Mailing Address

**120 BALTIC CIRCLE
TAMPA FL 33606**

YOLANDA



DO NOT WRITE IN THIS SPACE

59-3649783

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**
59-3649783

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BREWER, JOEL W
120 BALTIC CIRCLE
TAMPA FL 33606**

Name **Brewer, John B Jr.**

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

1718 E 7th Avenue Suite 201

City **Tampa** FL Zip Code **33606**

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

Joel W Brewer

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
NAME **BREWER, JOEL W**
STREET ADDRESS **120 BALTIC CIRCLE**
CITY-ST-ZIP **TAMPA FL 33606**

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
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TITLE Change Addition
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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:

Joel W Brewer
REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)