

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001593

1. Entity Name

THOMAS INVESTMENT PROPERTIES, LLC

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90166 036 ****50.00

Principal Place of Business

Mailing Address

~~1522 W. PRINCETON ST.~~ 3107 EDGEWATER DR
ORLANDO FL 32804 SUITE ONE

~~1522 W. PRINCETON ST.~~
ORLANDO FL 32804

911855



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3107 EDGEWATER DR Suite, Apt. #, etc. SUITE ONE City & State		3. Mailing Address 3107 EDGEWATER DRIVE Suite, Apt. #, etc. SUITE ONE City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3624507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVE., STE. 201 ORLANDO FL 32802		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, DOUGLAS 1522 D. WEST PRINCETON ST. ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3107 EDGEWATER DR SUITE ONE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: THOMAS, DOUGLAS **SIGNATURE REQUIRED** THOMAS, MGR 7-22-02 407 839 2090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0005066

CR2E083 (4/02)