

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90321 036 ****50.00

0022843

DOCUMENT # L00000004096

1. Entity Name

MCSHEPT PROPERTY DEVELOPMENT ONE, LLC



Principal Place of Business

Mailing Address

**113 ENFIELD ROAD
BALTIMORE MD 21212**

**113 ENFIELD ROAD
BALTIMORE MD 21212**

2. Principal Place of Business

3. Mailing Address

2755 SW Upper Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Portland, OR

Zip

Country

Zip

Country

97201

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRINEAU, NICOLE
3404 SANTA ROSA DRIVE
GULF BREEZE FL 32561**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOWERFIND, ROBIN
113 ENFIELD ROAD
BALTIMORE MD 21212**

☐ Delete

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

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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:

RECEIVED REQUIRED

7/14/03

443801 7142

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

Date

Daytime Phone #

CR2E083 (4/03)