

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -9 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000005263**

1. Entity Name

THOMAS PROPERTIES, LLC

Principal Place of Business

3722 NE 166 STREET
NORTH MIAMI BEACH FL 33160

Mailing Address

3722 NE 166 STREET
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1005741

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

William J. Thomas Jr.

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

6422 Collins Avenue #1202

City

Miami Beach,

FL

Zip Code
33141

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 William J. Thomas Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE **President** Delete
NAME **William J. Thomas**
STREET ADDRESS **3722 N.E. 166th Street**
CITY-ST-ZIP **North Miami Beach, FL 33160**

TITLE **Secretary** Delete
NAME **Margot L. Thomas**
STREET ADDRESS **3722 N.E. 166th Street**
CITY-ST-ZIP **North Miami Beach, FL 33160**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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10. ADDITIONS/CHANGES

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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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: William J. Thomas Jr. **William J. Thomas, President** April 1, 2001 305-947-3606

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

Date

Daytime Phone #

CR2E083 (11/00)