## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000006103

1. Entity Name

LITTLE TURKEY CREEK, L.L.C.



## FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90023 022 \*\*\*\*50.00

		,							
rincipal Place	of Business	Mailing Address	•						
018 U.S. HWY 301 N., STE 100 Ampa Fl 33619		4521 W. CULBREA TAMPA FL 33609	4521 W. CULBREATH AVE. TAMPA FL 33609						
4MFA FE 33013	,						111 <b>6 6 11 6</b> 11 11 11 <b>11 11 11 11 11 11 11 11</b>		
. Principal Pla	ace of Business	3. Mailing Addres	3. Mailing Address  Suite, Apt. #, etc.  City & State			CHECK HERE IF MAKING CHANGES  4. FEI Number 59-3653223 Applied For			
Suite, Apt. #	, etc.	Suite, Apt. #, e							
		City & State							
City & State		City & State	City di State		Not Applicable				
Zip Country		Zip Coun		ntry	5. Certificate	of Status Desired 🔲	\$5.00 Addi Fee Required		
	6. Name and Address of Curre	nt Registered Agent	legistered Agent		7. Name and Address of New Registered Agent				
			· · · · · · · · · · · · · · · · · · ·	Name					
	Bert, Robert D				ess (P.O. Box Numbe	r is Not Acceptable)	The same of the same of	- <del> </del>	_
	PA FL 33609						<del> </del>		
******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Zip Code		
				City					
B. The above	named entity submits this statemen	t for the purpose of cha	inging its register	red office or reg	gistered agent, or bot	h, in the State of Florida.	I am familiar with, a	and accept	
tne obligati	ons of registered agent.		BOBERT P.			1/4	6/03		
SIGNATURE _	Klout P. Offst Signature, typed or printed name of registered to		(NOTE: Register	red Agent signature re	quired when reinstating)		DATE		
	Signature, typed or printed harne or registered ig		FILE NOW!!!						
					tment of State				
		mane onco.		May 1, 2003				ļ	
	MANAGING MEN	I IBERS/MANAGERS	10	).		ADDITIONS/CHA	NGES		র
9. TITLE	MGRM	□ D	elete TIT	TLE	<del></del>		☐ Change	☐ Addition	E083 (10/02)
NAME	TOBERT, ROBERT D JR.			ME					3.7
STREET ADDRESS	4521 W. CULBREATH AVENU	JE		REET ADDRESS			•	ļ	90-
CITY-ST-ZIP	TAMPA FL 33609			TY-ST-ZIP			Change	Addition	2
TITLE	MGRM			rle Ame		<i>C.</i>		_	C
NAME STREET ADDRESS	DARNELL, WILLIAM			REET ADDRESS	4522 6	ernoroft Cir			
CITY-ST-ZIP	4614 LUMB AVENUE TAMPA FL 33629	3	сп	TY-ST-ZIP	Tampa,	erneroft Cir 51, 33629.			
TITLE	TAMINIE SOOLS		Delete Til	TLE		•	☐ Change	Addition	
NAME				AME				•	
STREET ADDRESS		بهضائه الاستعاد		TREET ADDRESS	a section is	man home in a series	=/		
CITY-ST-ZIP							☐ Change	Addition	
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STREET ADORESS CITY-ST-ZIP			CI	ITY-ST-ZIP					ĺ
TITLE		- 0 (	Delete TI	ITLE		·	Change	Addition Addition	l
NAME			Na	AME					ŀ
STREET ADDRESS	\ .			TREET ADDRESS					l
CITY-ST-ZIP				ITY-ST-ZIP			☐ Change	Addition	1
TITLE			50,000	ITLE			□ cuange		
NAME				TREET ADDRESS					
STREET ADDRESS				CITY-ST-ZIP	•				
CITY-ST-ZIP	certify that the information supplied	(3) (1 (2 (B)) ) )			d in Section 119 07/3	N(i), Florida Statutes, I furt	her certify that the	informatica	ĩ
11. I hereby	certify that the information supplied	with this tiling does no	t quality for the e	me legal effect	as if made under oa	th: that I am a managing	member or manag	er of the ~	1

indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under out it is finished liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE