

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0041539

DOCUMENT # L00000006783

1. Entity Name

TERRY O'CONNOR HOMES, L.L.C.



FILED

03 APR 17 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2033 MAIN STREET, SUITE 600
SARASOTA FL 34277-1827

Mailing Address

2033 MAIN STREET, SUITE 600
SARASOTA FL 34277-1827

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 65-1016664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

PFLUGNER, J. GEOFFREY
2033 MAIN STREET, SUITE 600
SARASOTA FL 34277-1827

7. Name and Address of New Registered Agent

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 May 1, 2003

600016211546
17/03--01046--006 **250.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME O'CONNOR, TERRY
STREET ADDRESS 2033 MAIN STREET, SUITE 600
CITY-ST-ZIP SARASOTA FL 34237 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Terry O'Connor SIGNATURE REQUIRED

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

1-9-03

Date

941-927-3371

Daytime Phone #

CR2E083 (10/02)