2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008040

FILED
01 MAY 14 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000694 7 AF

1. Entity Name
AZALEA PROPERTIES, LLC

Principal Place of Business	Mailing Address
1502 NORTH FLORIDA AVENUE TAMPA FL	1502 NORTH FLORIDA AVENUE TAMPA FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1502 N. Fla Ave	1502 N. Fla. Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Fla.	City & State: Tampa, Fla
Zip: 33602 Country: Hillsborough	Zip: 33602 Country: Hillsborough

4. FEI Number 59-3660328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, JOSEPH L 2522 WEST KENNEDY BLVD. TAMPA FL 33609	Name: Sam V. Lumia Street Address (P.O. Box Number is Not Acceptable): 1502 N. Fla Ave. City: Tampa, FL Zip Code: 33602

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: SAM V. LUMIA SEC. Sam V. Lumia 4-4-01
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 Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBERT E. ODOM 2203 N. LOIS TAMPA, FLA. 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAM V. LUMIA 1709 W. LOUISIANA TAMPA, FLA. 33603	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VINCENT O. ~~CHRISTENA~~ MUTO 924 SPRING VILLE CT. TAMPA, FLA 33613	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JACK M. CAMPO 2203 N. LOIS Tampa, FLA 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500004416405---6	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	-06/12/01--01062-016 *****50.00 *****50.00	☐ Change ☐ Addition

CR2E083 (11/00)

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: Sam V. Lumia SIGNATURE REQUIRED SAM V. LUMIA 4-4-01 2280139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #