2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000011107

1. Entity Name

CONSTANTINE PROPERTIES, L.L.C.



FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90024 035 ****50.00

| Principal Place of Business 312 7TH STREET WEST PALMETTO FL 34221 | | Mailing Address 312 7TH STREET WEST PALMETTO FL 34221 | | | MARAAATA | | | | |
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| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | City & State | | | 4. FEI Number 65-1062183 Applied For Not Applicable | | | | |
| Zip | Country | Zip | Country | ಕಾರ್ಗೆ ಭಿಷ್ಣಾನಿ | 5. Certificate | of Status Desired | \$5.00 Ac | iditional ed | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| CONSTANTINE, MICHAEL P | | | | Name Kathleen Constantine | | | | | |
| | 7th Street West Metto FL 34221 | Street Address | | Address (F | O. Box Numb | er is Not Acceptable | · · | | |
| | | | | | | | | | |
| ·- <u>-</u> - | | | City | | metto |) | FL. Zip So | 4221 | |
| 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) | | | | | | | | | |
| FILE NOW!!! FEE IS \$50.00 | | | | | | | | | |
| Make Check Payable to Florida Department of State | | | | | | | | | |
| | | Due | By May 1, 20 | 03 | | | | | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | | ADDITIONS/CHAI | NGES | | |
| TITLE | MGR | Delete | TITLE | MG | | V .11.1 | ↓ Change | Addition | |
| NAME STREET ADDRESS | CONSTANTINE, MICHAEL P 312 - 7TH STREET WEST | | NAME STREET ADDRESS | | tantine | tathleen reet west | | | |
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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:

IE: NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-4-03 941-755-2674

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