

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -3 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011140

1. Entity Name  
ASTIN COMMERCIAL PROPERTIES, L.L.C.

Principal Place of Business Mailing Address  
3402 S. SAM ASTIN ROAD 3402 S. SAM ASTIN ROAD  
PLANT CITY FL 33566 PLANT CITY FL 33566

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 59-3681414 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

GARDNER, J. S  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Sam H. Astin, Jr.	3402 S. Sam Astin Rd.	Plant City, FL 33567		
	President				
	Sam H. Astin III	4408 Mudlake Road	Plant City, FL 33567		
D	Betty B. Astin	3402 S. Sam Astin Rd.	Plant City, FL 33567		
D	Buffy Astin	4408 Mudlake Road	Plant City, FL 33567		

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-05/29/01-01159-013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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: Betty B. Astin 4-30-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)