2001 UNIFORM BUSINESS REPORT (UBR)

		JSINESS REP		,]	AND FILED		
DOCUMENT # L0000011140 1. Entity Name ASTIN COMMERCIAL PROPERTIES, L.L.C.					n	MA C-VAH	0-00	
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					S) TAU	ECRETARY.OF LEAHASSEE, F	STATE	
Principal Place of Busines	ss	Mailing Address				- LANGUEL, I	COMIDA	
3402 S. SAM ASTIN ROA PLANT CITY FL 33566	D	3402 S. SAM ASTIN R PLANT CITY FL 33566	O 1 D		1 1 1 1 1 1 1 1 1 1			
2. Principal Place of Busi	iness	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		.	DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number	3681414	 	applied For lot Applicable
Zip	Country	Zip	Country	,	5. Certificate of Statu		\$5.00 Ac	iditional
6. Name	e and Address of Curi	rent Registered Agent			7. Name and Addres	ss of New Registered		
			Name			*		•
GARDNER, J. S 220 SOUTH FRANKLIN STREET TAMPA FL 33602			Street Address ((P.O. Box Number is Not Acceptable)			
TAME AT E GOODE			City	/	,	FI	Zip Cod	de
	ty submits this stateme	nt for the purpose of changing i			d agent, or both, in the	FI State of Florida.	Zip Coo	ie
The above named entit SIGNATURE	ty submits this stateme	igent and title if applicable. (NO	ts registered office Ti Registered Agent is []] [] [() W !!! FEE	ce or registere	rhen reinstating)		Zip Coo	de
3. The above named entitions of the state of	d or printed name of registered a	igent and title if applicable. (NC FILE N Make Check F	ts registered office Ti Registered Agent of the transport of the transpor	ce or registere	when reinstating) State	State of Florida. DATE		de
3. The above named entitions of the state of	d or printed name of registered a	igent and title if applicable. (NO	ts registered office Ti Registered Agent is []] [] [() W !!! FEE	signature required visions specification in the second sec	State	State of Florida. DATE DOITIONS/CHANGES		Addition
The above named entit SIGNATURE	d or printed name of registered a	FILE No. (Medicable) (No. (No.) FILE No. (Medicable) (No.) Make Check FILE NO. (Medicable) (No.)	ts registered office The Registered Agent is a common to the common to	signature required visible \$50.00 partment of	State A H Astin, J S Sam As	State of Florida. DATE DDITIONS/CHANGES	S	
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SIGNATURE SIGNATURE Signature, typed D. Signature, typed	d or printed name of registered a	FILE Make Check F MBERS/MEMBERS Delete	ts registered office The Registered Agent W!!! FEE I a /able to Dep 10. TITLE NAME STREET ADDRI STREET ADD	signature required visible state of the stat	state H. Astin, J. S. Sam Asticker H. Astin, J. S. Sam Asticker H. Astin I B. Mudlake H. Astin I B. Mudlake H. B. Asticker H. B. H	DDITIONS/CHANGES FIN Rd CL 33 S67 TL Road 33 S67	S Change	Addition
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