

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90033 002 ****50.00

DOCUMENT # L00000011140

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

Principal Place of Business 3402 S. SAM ASTIN ROAD PLANT CITY FL 33566	Mailing Address 3402 S. SAM ASTIN ROAD PLANT CITY FL 33566
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90033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 107 Holloway Rd.	3. Mailing Address P.O. Box 3837
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Plant City, FL	City & State Plant City, FL	4. FEI Number 59-3681414	Applied For <input type="checkbox"/> Not Applicable
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Zip 33567	Country USA	Zip 33564	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTIN, SAM H JR. 3402 S. SAM ASTIN ROAD PLANT CITY FL 33566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASTIN, SAM H III 4408 MUDLAKE RD. PLANT CITY FL 33567	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTIN, BETTY B 3402 S. SAM ASTIN ROAD PLANT CITY FL 33566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTIN, BUFFY 4408 MUDLAKE RD. PLANT CITY FL 33567	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Astin (BETTY ASTIN) 1/8/02 813-650-8448
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)