APPROVEE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000012824 1. Entity Name FIRST TAMPA CHELSEA, LLC					OI APR 26 AM 9: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 1525 WEST HILLSBOROUGH AVENUE TAMPA FL 33603 Mailing Address 1525 WEST HILLSBOROUGH TAMPA FL 33603				E			Bi ingir maga lagar	41811 8481 4884 .	
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.			•			DO NOT WRITE IN THIS SPACE			
City & State	e	City & State			4. FEI N	umber 3103310	<u> </u>	plied For t Applicable	
Zip	Country	Zip Cou		,		icate of Status Desired	\$5.00 Add Fee Required		
	6. Name and Address of Curren	t Registered Agent		Name	7. Name	and Address of New Registered	Agent		
REIBER, SAM I 601 E. TWIGGS STREET, SUITE 200				Street Address	eet Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33602				City FL Zip Code					
B. The above	named entity submits this statement f	at and title if applicable. (NOT	TE: Registered A	gent signature requir	ed when reinstatir				
Make Check Pay				W!!! FEE IS \$50.00 rable to Department o			·		
MANAGING MEMBERS/MEMBERS TITLE Fresident Delete DIMIT RI ARTZIBUSHOV ISAS W. HILLS BOROUGH AVE			TITLE NAME STREET CITY-S	ADDRESS 1-ZIP		ADDITIONS/CHANGE	S Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-tampa 21 3	36 /7 □ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		10000419 -05/03/01- *****55.0	□ Change 1 □ 5 1 -0 1 1 3 1 0 *****	☐ Addition 15 -014	
TITLE NAME Street adoress City-St-Zip		☐ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP			□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST _E ZIP		☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS 1-zip		•	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-SI	ADDRESS 1-ZIP			☐ Change	☐ Addition	
NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS F-ZIP			☐ Change	Addition	
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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 truy 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 employees of execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JRE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-00-

Daytime Phone #