

2002 UNIFORM BUSINESS REPORT (UBR)

1/
FILED
Mar 12, 2002 8:00 am
Secretary of State

01-31-2002 90031 049 ****50.00

DOCUMENT # L00000013885

1. Entity Name

FLA DEVELOPMENTS, LLC

Principal Place of Business

C/O GREGORY, SHARER & STUART - remove
100 SECOND AVE., SO., STE. 600
ST PETERSBURG FL 33701

Mailing Address

C/O GREGORY, SHARER & STUART -- remove
P.O. BOX 2881
ST PETERSBURG FL 33731-2881

2. Principal Place of Business

PO Box 2881

3. Mailing Address

delete "c/o Gregory,"

Suite, Apt. #, etc.

delete "c/o Gregory,"

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1054901

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00

Additional Fee Required

6. Name and Address of Current Registered Agent

BOTOS, MICHAEL E
C/O EDWARDS & ANGELL LLP
ONEN ORTH CLEMATIS SR., STE. 400
WEST PALMBEACH FL 33401

7. Name and Address of New Registered Agent

Name **M. Timothy Farrell**
Street Address (P.O. Box Number is Not Acceptable)
100 - 2nd Avenue South, #600
City **St. Petersburg** **FL** Zip Code **33701**

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 *M. Timothy Farrell* *M-TIMOTHY FARRELL* 1-22-02
Signature, typed, printed name of registered agent and title if applicable. (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

TITLE	MEM	<input type="checkbox"/> Delete
NAME	ALLAN FLORIDA INVESTMENTS	
STREET ADDRESS	44 VICTORIA ST., STE. 1614	
CITY-ST-ZIP	TORONTO M5C1Y2 ONTARIO CAN	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	DANIELS (SOUTH ORANGE), INC.	
STREET ADDRESS	44 VICTORIA ST., STE. 1614	
CITY-ST-ZIP	TORONTO M5C1Y2 ONTARIO CAN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 2881	
CITY-ST-ZIP	St. Petersburg, FL 33731-2881	
TITLE	Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 2881	
CITY-ST-ZIP	St. Petersburg, FL 33731-2881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *WILLIAM D. ACCAN* *Jun 22 2002 416-594-1997*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
WILLIAM D. ACCAN

CR2E083 (9/01)