

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90209 043 ****50.00

DOCUMENT # L00000014038

1. Entity Name
COBBLESTONE II, LLC

Principal Place of Business
**8716 COBBLESTONE DRIVE
 TAMPA FL 33615**

Mailing Address
**8716 COBBLESTONE DRIVE
 TAMPA FL 33615**

965905



2. Principal Place of Business

3. Mailing Address

909 3RD STREET EAST **909 3RD STREET EAST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALMETTO, FL

City & State
PALMETTO, FL

4. FEI Number

59-3685207

Applied For

Not Applicable

Zip
34221

Country
USA

Zip
34221

Country
USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HINES, JAMES P ESQ
 C/O HINES NORMAN & ASSOCIATES, P.L.
 315 SOUTH HYDE PARK AVENUE
 TAMPA FL 33606**

Name

STATE
 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

Signature, typed or 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

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
GILLIS, JOHN T Delete
8716 COBBLESTONE DR.
TAMPA FL 33615

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition
909 3RD STREET EAST
PALMETTO, FL 34221

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
GILLIS, PATRICIA A Delete
8716 COBBLESTONE DR.
TAMPA FL 33615

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition
909 3RD STREET EAST
PALMETTO, FL 34221

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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TITLE
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 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change 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: *Patricia A. Gillis* **PATRICIA A. GILLIS 5/1/02 813-885**

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

Date

Daytime Phone # **4578**

CR2E083 (9/01)