

2001 UNIFORM BUSINESS REPORT (UBR)

0000647 AF

DOCUMENT # L00000014133

1. Entity Name
TBSG ORLANDO, L.L.C.

Principal Place of Business
550 BILTMORE WAY
SUITE 1120
CORAL GABLES FL 33134

Mailing Address
550 BILTMORE WAY
SUITE 1120
CORAL GABLES FL 33134

FILED

01 JUN 13 AM 10:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBAN, JUAN F
550 BILTMORE WAY
SUITE 1120
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Joseph J. Weisenfeld

Street Address (P.O. Box Number is Not Acceptable)

550 Biltmore Way, Suite 1120

City Coral Gables

FL

Zip Code 33134

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

Joseph J. Weisenfeld 4-30-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
manager/President
Peter Eglmeier
STREET ADDRESS
550 Biltmore Way, Suite 1120
CITY-ST-ZIP
Coral Gables, FL 33134

☐ Delete

TITLE NAME
Secretary
Joseph J. Weisenfeld
STREET ADDRESS
550 Biltmore Way, Suite 1120
CITY-ST-ZIP
Coral Gables, FL 33134

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

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

Joseph J. Weisenfeld 4-30-01

305-444-4477

Date

Daytime Phone #

CR2E083 (11/00)