

2002 UNIFORM BUSINESS REPORT (UBR)

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

0040757

05-22-2002 90216 038 ****50.00

DOCUMENT # L00000014170

1. Entity Name

PSDC PROPERTIES AT CAMPUS CROSSINGS, LLC

Principal Place of Business

**1831 S. TAMiami TRAIL
 VENICE FL 3423**

Mailing Address

**1831 S. TAMiami TRAIL
 VENICE FL 3423**

2. Principal Place of Business

13035 TAMiami TRAIL

Suite, Apt. #, etc.

3. Mailing Address

13035 TAMiami TRAIL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NORTH PORT, FL

City & State
NORTH PORT, FL

4. FEI Number **65-1074721**

Applied For
 Not Applicable

Zip **34287** Country **USA**

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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCKINLEY, MICHAEL R
 18401 MURDOCK CIR.
 PORT CHARLOTTE FL 3348**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	SHIPPS, PETER E	227 WOODINGHAM LANE	VENICE FL 34292	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP	SHIPPS, KAREN	227 WOODINGHAM LANE	VENICE, FL 34292	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED** *[Signature]* Date **4/29/02** Daytime Phone # **941-423-5311**

CR2E083 (9/01)