

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-01-2002 91462 039 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014630

1. Entity Name

FRESH WATER PROPERTIES, L.C. ✓

Principal Place of Business

28100 U.S. HIGHWAY 19 NORTH, SUITE 507
CLEARWATER FL 33761

Mailing Address

28100 U.S. HIGHWAY 19 NORTH, SUITE 507
CLEARWATER FL 33761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

74-3045498

Applied For

Not Applicable

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

GRAHAM, THOMAS J
 28100 U.S. HIGHWAY 19 NORTH, SUITE 507
 CLEARWATER FL 33761

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

THOMAS J. GRAHAM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/02

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
 MGRM
 GRAHAM, THOMAS J
 28100 U.S. HIGHWAY 19 NORTH, SUITE 507
 CLEARWATER FL 33761 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-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 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:

THOMAS J. GRAHAM

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

Date

Daytime Phone #

4/19/02 727-791-3320

CR2E083 (9/01)