## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L0000014630

## FRESH WATER PROPERTIES, L.C.

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

SIGNATURE:



FILED Sg. Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90012 030 \*\*\*\*50.00

Maling Address 2200 U.S. HAWAY 19 NORTH, SUITE 507 CLEARWATER FL 33761  2. Principal Place of Business 3. Maling Address 4. FEI Number 74-3045698  [A. FEI Number 84-304688  [A. FEI Number 84		- C D - 1								
2. Principal Piece of Business  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  City & State	Principal Place of Business					\ \				
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City & State  City & State  City & State  City & State  Country  C	2. Principal P	Place of Business	3. Mailing Address			<b>-</b>				
Zip Country Zip Country 5. Certificate of Status Desired Status De	Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Street Address of Current Registered Agent  GRAHAM, THOMAS J STREET ADDRESS CITY-ST-ZIP TITLE MAGR GRAHAM, THOMAS J STREET ADDRESS CITY-ST-ZIP MAGR GRAHAM, THOMAS J STR	City & State		City & State			4. FEI Nun	74-3045698			<del>`</del>
RAHAM, THOMAS J 28100 U.S. HIGHWAY 19 NORTH, SUITE 507 CLEARWATER FL 33761  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. Lam familiar with, and accept significant or registered agent.  SIGNATURE    Signature, typed or privated name of registered agent and the flaphicules   (NOTE Registered Agent engineter enquined when reinstating)   DATE	Zip	Country	Zip	Coun	try	5. Certifica	ate of Status Desired			
GRAHAM, THOMAS J 28100 U.S. HIGHWAY 19 NORTH, SUITE 507 CLEARWATER FL 33761  City  City  FL  Zip Code  City  FL  City  FL  Zip Code  City  FL  City  FL  Zip Code  City  FL  Cit		6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New Regi	stered Aç	jent	
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu					Name					
CLEARWATER FL 33761  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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE 1S \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  INLE MGRM GRAHAM, THOMAS J STREET ADDRESS CITY-ST-2IP  TITLE MME GRAHAM, THOMAS J STREET ADDRESS CITY-ST-2IP  TITLE MME STREET ADDRESS CITY-ST-2IP  TITLE				Charact Address		n /BO Day Num			<u> </u>	
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  PLE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE MGRM GRAHAM, THOMAS J STREET ADDRESS 28100 U.S. HIGHWAY 19 NORTH, SUITE 507 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition NAME			ITE 507	E 507 Street Addre		(H.O. Box Number is Not Acceptable)				
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THE ODIIGNATURE Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  TITLE MGRM GRAHAM, THOMAS J STREET ADDRESS CITY-ST-ZIP  TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE MAME TITLE	چ ند				City			FL	Zip Cod	9
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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 province 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 report as required by Chapter 608, Florida Statutes.		_		CITY-	ST-ZIP					