2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 SEP 28 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000015608

1. Entity Name
401-415 SOUTH DALE L.L.C.

Principal Place of Business	Mailing Address
% COMMERCIAL ASSET MANAGERS, INC. 415 S. DALE MABRY HWY., SUITE F TAMPA FL 33609	% COMMERCIAL ASSET MANAGERS, INC. 415 S. DALE MABRY HWY., SUITE F TAMPA FL 33609

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 26563
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TAMPA, FL
Zip / Country	Zip: 33623-6563 / Country: USA

4. FEI Number: 59-3690253 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COMMERCIAL ASSET MANAGERS, INC.
% FRANK R. HAYDEN, PRES.
415 S. DALE MABRY HWY., SUITE F
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name: RICK W. SADORF, ESQ
Street Address (P.O. Box Number is Not Acceptable): 696 FIRST AVENUE NORTH, SUITE 201
City: ST. PETERSBURG FL Zip Code: 33701

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] RICK W. SADORF 9/25/01
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 September 26, 2001

000004619310--8
-10/02/01--01002--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COMMERCIAL ASSET MANAGERS, INC. 415 S. DALE MABRY HWY, SUITE F TAMPA FL 33623-6563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P.O. BOX 26563~~ ~~TAMPA, FL 33623-6563~~ ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER ROBERTO GARCIA 5110 EISENHOWER BLVD, SUITE 120 TAMPA, FL 33634 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] SIGNATURE REQUIRED 9/26/01 813-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STAPLE CHECK HERE

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