

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90233 023 *****50.00

0058838

DOCUMENT # L00000015644

1. Entity Name
1221 PALM HARBOR L.L.C.



Principal Place of Business

**4422 N CHURCH STREET
SUITE "J"
TAMPA FL 33614
US**

Mailing Address

**C/O COMMERCIAL ASSET MANAGERS, INC.
P.O. BOX 26563
TAMPA FL 33623-6563**

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 **59-3690286**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COMMERCIAL ASSET MANAGERS, INC.
912 E. BLOOMINGDALE AVE., SUITE A
BRANDON FL 33511**

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. I 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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **COMMERCIAL ASSET MANAGERS, INC.**
STREET ADDRESS **912 E. BLOOMINGDALE AVE., SUITE A**
CITY-ST-ZIP **BRANDON FL 33511** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **COMMERCIAL ASSET MANAGERS, INC.**
STREET ADDRESS **4422 N CHURCH STREET, SUITE J**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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: **FRANK R. HAYDEN**
RECEIVED

3/20/03

813-404-5450

CR2E083 (10/02)

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

Date

Daytime Phone #