2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015729

1. Entity Name

DIT PROPERTIES LLC



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90122 018 ****50.00

D-1-1- 1 11	OFERTIES, LEG	. <	, [
Principal Place of Business 816 LYNNCREST ROAD AKELAND FL 33803		Mailing Address 1816 LYNNCREST ROAD LAKELAND FL 33803	1816 LYNNCREST ROAD			~ U	.	υŢ	
Principal P	lace of Business	3. Mailing Address							
: Thropartiace of business		G. Maining Modress	o. Maining Addition		E IOUEI	BUL BTR MASHI BRINI DRIIT ROLLI RO		A MALJA F eb lu dal	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Num	ber 59-3688701			plied For t Applicable
Zip	Country	Country Zip Cour		ý	5. Certifica	te of Status Desired		5.00 Add se Required	
	6. Name and Address of Curren	t Registered Agent		Nome	7. Name ar	nd Address of New Reg	Istered A	gent	
; EVANS, THOMAS E JR.				Name					
1816	S LYNNCREST RD. ELAND FL 33803		Street Address		(P.O. Box Num	ber is Not Acceptable)			
7	LEANE I C 00000								
				City			FL	Zip Code	9
	named entity submits this statement fions of registered agent.	for the purpose of changing its	registered	d office or register	red agent, or b	oth, in the State of Florid	la. I am fa	miliar with,	and accept
SIGNATURE -	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	E: Registered A	Agent signature required	d when reinstating)		DATE		}
FILE NOW!!! FEE IS \$50.00									
-			Make Check Payable to Florida Departme						
		Due	e By May	y 1, 2003					
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/CI	HANGES		
TITLE	MEM	☐ Delete	TITLE					☐ Change	Addition
name Street address (EVANS, THOMAS E JR. 1816 LYNNCREST RD.		NAME STREET	F ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33803		CITY-S	ST-ZIP					
TITLE	MEM	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	BOMBARD, TORY E JR.		NAME						
STREET ADDRESS CITY-ST-ZIP	1816 LYNNCREST RD.		STREET CITY-S	FADDRESS					
	LAKELAND FL 33803	□ Delete	TITLE	31-ZR				☐ Change	Addition
TITLE Name		□ Delete	NAME					ondingo	
STREET ADDRESS			STREET	T ADDRESS	•				
CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME Street address			NAME STREET	r address					
CITY-ST-ZIP			CITY-S						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						l
STREET ADDRESS				ADDRESS					{
CITY-ST-ZIP			CITY-S	SI-ZIP		- 1 ₁			
TITLE		☐ Delete	TITLE NAME					☐ Change	Addition
NAME Street address				ADDRESS					
CITY-ST-ZIP			CITY-S						

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