

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90727 045 *****50.00

DOCUMENT # L01000000151

1. Entity Name

TOMWOOD PROPERTIES, LLC

Principal Place of Business

Mailing Address

~~1005 CORKWOOD DRIVE
 OVIEDO FL 32765~~

~~1005 CORKWOOD DRIVE
 OVIEDO FL 32765~~

2. Principal Place of Business

3. Mailing Address

15 W Church St
 Suite, Apt. #, etc.
 203

same
 Suite, Apt. #, etc.

City & State

City & State

Orlando FL

4. FEI Number

59-3688703

Applied For

Not Applicable

Zip

Country

Zip

Country

32801

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

WOODS, JONATHAN D
 15 WEST CHURCH ST., SUITE 201
 ORLANDO FL 32801

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

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change

Addition

Manager
 Jonathon D. Woods
 15 W. Church St, Ste 203
 Orlando FL 32801

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change

Addition

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

[Signature]
 Jonathan Woods, Manager

Date

Daytime Phone #

3-15-02

407-650-8133

CR2E083 (9/01)