

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90587 001 ****50.00

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DOCUMENT # L01000000151

1. Entity Name

TOMWOOD PROPERTIES, LLC



Principal Place of Business 15 W CHURCH ST STE # 203 ORLANDO FL 32801	Mailing Address 15 W CHURCH ST STE # 203 ORLANDO FL 32801
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☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 425 W. COLONIAL DR. Suite, Apt. #, etc. SUITE 204 City & State ORLANDO, FL Zip 32804 Country U.S.	3. Mailing Address 425 W. COLONIAL DR. Suite, Apt. #, etc. SUITE 204 City & State ORLANDO, FL Zip 32804 Country U.S.
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4. FEI Number 59-3688703	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
WOODS, JONATHAN D
15 WEST CHURCH ST., SUITE 201
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name "SAME"
Street Address (P.O. Box Number is Not Acceptable)
425 W. COLONIAL DR.
SUITE 204
City ORLANDO FL Zip Code 32804

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 _____ (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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODS, JONATHAN D 15 W. CHURCH ST STE 203 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODS, JONATHAN D. 425 W. COLONIAL DR., STE 204 ORLANDO, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAWFORD, TAMMIE L. 425 W. COLONIAL DR., STE 204 ORLANDO, FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRONG, ROBERT 425 W. COLONIAL DR., STE 204 ORLANDO, FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Tammie L. Crawford 4/30/03 407-650-8133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)