2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # L0100000151

tomwood pr	OPERTIES, L	.LC
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Principal Plac	e of Business	Mailing Address		}			
15 W CHURCH	ST	15 W CHURCH ST		ļ			
STE # 203	2001	STE # 203 ORLANDO FL 32801					
ORLANDO FL 3	2801	URLANDO PL 32001		1 110110	14. 8 0. 81 0. 8 1 14. 14. 16. 18. 17. 18. 18. 18. 18. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18		J ii i Ji i i 1 11
2. Principal P	lace of Business	3. Mailing Address		─ ─ ─┤			
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Suite, Apt.		Suite, Apt. #, etc.			CHECK HERE IF MAKI	ING CHANGES	
SUIK	204	SUIR 204	/	1	LE CHECK HEHE II WAK	NO CHANGES	
City & Stat		City & State		4. FEI Numb	ber 59-3688703	Ai	oplied For
	NOO FL	DRIONOLO	FL			No	ot Applicable
2ip 200	Country	Zip	Country	5. Certificat	e of Status Desired	\$5.00 Add	
3282	14 14.3.	30804	4.3.			Fee Require	id
	6. Name and Address of Current	Registered Agent	Name 1	7. Name an	d Address of New Registers	Ad Agent	
WOO	DDS, JONATHAN D		Indille .	SAME			
	VEST CHURCH ST., SUITE 201		Street Ad	ldress (P.O. Box Numb	per is Not Acceptable)		
	ANDO FL 32801			425 W	COPONIAL	Dr.	
				Suite 20.	4		}
	•		City	2010	F	Zip Cod	le _
				RONDO		<u>-</u> 35	804
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or r	registered agent, or bo	oth, in the State of Florida. 1 a	ım familiar with,	and accept
the obligat	ions or registered agent.						.]
SIGNATURE .	Signature, typed or printed name of registered agent a	ad title if analisable (NOTE	E: Registered Agent signature	a sometimed with an estimate time.	DAT	c	
 -	Signature, typed or printed name or registered agent a				DAII	<u> </u>	
		7	OW!!! FEE IS \$5				}
		Make Check Payabl	-	l l			}
		Due	e By May 1, 2003				
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/CHANG	ES	
TITLE	MGR	☐ Delete		MER	- 44 a 30	Change	Addition
NAME	woods, Jonathan D		NAME 4	W0005, 552	wathan D.	110 -	nee
STREET ADDRESS	15 W. CHURCH ST STE 203			405 W. C	olonial Dr.,	CHE CHE	,,
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP	ORDINOO,	FL 32804		
TITLE		Delete	TITLE	MOR			Addition)
NAME						☐ Change	• •
			NAME	CRAWFORD	D. TAMMIE L.		,
STREET ADDRESS			STREET ADDRESS	CRAWFORD	blowial Dr., S		
CITY-ST-ZIP			STREET ADDRESS	CRAWFORD 420 W. C. Delando,	D TAMMIE L. blowial Dr. 3 FL 32804	ste 204	·
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FILED
May 02, 2003 8:00 am
Secretary of State

1. Entity Nam	MENT # LO100000 D PROPERTIES, LLC	00151				05-02-2003 9	•		
Principal Place 15 W CHURCH STE # 203 ORLANDO FL 3	ST	Mailing Address 15 W CHURCH ST STE # 203 ORLANDO FL 32801			 	11 BB (81 1181) BB(11 BB(1	1 88 411 88 441 88 44 8		1 1 11 1 1 1 11 1
#35 C Suite, Apt.	204	Suite, Apt. #, etc. 5011 AC 504	CO/ONI	91 Dr.	((801)011 0	CHECK HERE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City & Stat	NOO FL	City & State Delando	FL	-	4. FEI Number	59-368870		No	plied For t Applicable
3282	Country 1 J J 6. Name and Address of Current R	32804	Country			of Status Desired Address of New I	Fee	.00 Add e Required	
15 W	DDS, JONATHAN D VEST CHURCH ST., SUITE 201 ANDO FL 32801		Nam Stree	_ <i>SA</i>		is Not Acceptable		Zip Code	804
	named entity submits this statement for toons of registered agent. Signature, typed or printed name of registered agent and		registered offici			, in the State of Fi	orida. I am fam	iliar with, a	and accept
		Make Check Payabl Due	OW!!! FEE IS e to Florida I e By May 1, 2	Departmer	nt of State				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR WOODS, JONATHAN D 15 W. CHURCH ST STE 203 ORLANDO FL 32801	S/MANAGERS Delete	10. TITLE NAME STREET ADDRE	88 400 5	nds 550	ADDITIONS WATER	D. 15	Change C a	Addition
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11. I heraby of indicated	certify that the information supplied with the on this report is true and accurate and the bility company or the receiver or trustee e	iat my signature shall have t	he same legal e	effect as if m	ade under oath; :	that I am a manag	I further certify ging member or	that the in manager	formation of the

TAMMIE L. CRAWJORD 1/30/03 401-650-8/33