


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0039000

DOCUMENT # L01000000432

1. Entity Name
PICERNE TOWER POINT, LLC



03 MAR 26 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714** **247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714**



CHECK HERE IF MAKING CHANGES

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 **59-3747455** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COSTOLO, W. TERRY ESQ.
301 EAST PINE STREET, STE. 1400
ORLANDO FL 32801**

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 _____ (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	MGRM PICERNE, ROBERT M 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SU0014908905 03/28/03--01047--025 **55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **2-24-03** **407772 0200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)