

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90685 005 ****50.00

DOCUMENT # L01000003152

1. Entity Name

FORTY NINTH STREET PROPERTIES, LLC



Principal Place of Business

**1139 42ND AVENUE NORTH
ST. PETERSBURG FL 33703**

Mailing Address

**1139 42ND AVENUE NORTH
ST. PETERSBURG FL 33703**

2. Principal Place of Business

6654 78th Ave N
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Pinellas Park, FL

City & State

Pinellas Park, FL

Zip

33781

Country

USA

Zip

Country

4. FEI Number **59-3715345**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**COCKEY, PRESTON O JR.
201 N. FRANKLIN STREET, SUITE 2200
TAMPA FL 33602**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **D** ☐ Delete
NAME **YEPES, CARLOS**
STREET ADDRESS **PO BOX 17467** **6654 78th Ave N**
CITY-ST-ZIP **CLEARWATER FL 337** **Pinellas Park, FL 33781**

TITLE **T** ☐ Delete
NAME **NOWAK, GREG**
STREET ADDRESS **PO BOX 17467** **6654 78th Ave N**
CITY-ST-ZIP **CLEARWATER FL 337** **Pinellas Park, FL 33781**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED 3/20/03

(727) 536-8686

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

Date

Daytime Phone #

CR2E083 (10/02)