

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-22-2002 90068 003 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003334

1. Entity Name
TWO AMIGOS REALTY PARTNERS I, LLC

Principal Place of Business
601 NORTH ASHELY DRIVE
SUITE 1200
TAMPA FL 33602

Mailing Address
601 NORTH ASHELY DRIVE
SUITE 1200
TAMPA FL 33602

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number 59-3709252 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BLACK, THOMAS W
101 EAST KENNEDY BLVD.
SUITE 3700
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.

SIGNATURE _____ (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	Managing Member			<input type="checkbox"/>
	Gregory L Hughes	601 N Ashley Dr 12th	Tampa FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

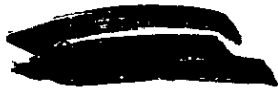
10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)