

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90108 026 \*\*\*\*50.00

**DOCUMENT # L01000007334**

1. Entity Name

**TAMPA HORIZONS CENTER, L.L.C.**



Principal Place of Business

**5495 BANNERGATE DRIVE  
ALPHARETTA GA 30022**

Mailing Address

**5495 BANNERGATE DRIVE  
ALPHARETTA GA 30022**

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 **59-3716037**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSINESS FILINGS INCORPORATED  
1000 WEST AVENUE, SUITE 1114  
MIAMI BEACH FL 33139**

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

10. ADDITIONS/CHANGES

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>SHANKWILER, DOUGLAS</b>	
STREET ADDRESS	<b>5495 BANNERGATE DRIVE</b>	
CITY-ST-ZIP	<b>ALPHARETTA GA 30022</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, LARRY</b>	
STREET ADDRESS	<b>2338 TRISTAN CIR.</b>	
CITY-ST-ZIP	<b>ALPHARETTA GA 30345</b>	
TITLE	<b>MEM</b>	<input type="checkbox"/> Delete
NAME	<b>NEWMAN, MICHAEL</b>	
STREET ADDRESS	<b>4855 PINETREE DR.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>MEM</b>	<input type="checkbox"/> Delete
NAME	<b>BRINDA, MICHAEL</b>	
STREET ADDRESS	<b>3 SKYCREST</b>	
CITY-ST-ZIP	<b>IRVINE CA 92612</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, Larry</b>	
STREET ADDRESS	<b>2338 Tristram Cir.</b>	
CITY-ST-ZIP	<b>Atlanta, GA 30345</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *Douglas Shankwiler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*1/13/03* *770-368-0275*  
Date Daytime Phone #

CR2E083 (10/02)