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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

07-23-2002 90343 011 ****50.00
01-11-2002 90014 044 ****50.00

41461

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000010949

1. Entity Name
TWIN CACTUS AT BRANDON TOWN CENTER, LLC

Principal Place of Business	Mailing Address
3421 NORTH LAKEVIEW DRIVE TAMPA FL 33618	3421 NORTH LAKEVIEW DRIVE TAMPA FL 33618

2. Principal Place of Business	3. Mailing Address
507 BRANDON TOWN CENTER	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRANDON, FL	City & State
Zip: 33511 / Country: U.S.A.	Zip / Country

4. FEI Number: 59-3728250 — 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
SABAS, BOBBY 3421 NORTH LAKEVIEW DRIVE TAMPA FL 33618	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 _____ 7/20/02
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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MANAGING MEMBER NAME: SHAWNA SABAS STREET ADDRESS: 5503 WINHAWK WAY CITY-ST-ZIP: LUTZ, FL 33558	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MEMBER NAME: DONOVAN ROYAL STREET ADDRESS: 100 COLUMBIANA CIRCLE CITY-ST-ZIP: COLUMBIA, SC 29212	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MEMBER NAME: BOBBY SABAS STREET ADDRESS: 5503 WINHAWK WAY CITY-ST-ZIP: LUTZ, FL 33558	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/02)

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 7/20/02 (813)265-3955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #