

2002 UNIFORM BUSINESS REPORT (UBR)

09-09-2002 90005 010 ****50:00

L01000011806

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 OCT 21 AM 10:00

FILED

DOCUMENT # L01000011806

1. Entity Name
NORTH 56TH STREET, L.L.C.

Principal Place of Business Mailing Address
3001 NORTH ROCKY POINTE DR. EAST, STE. 200 3001 NORTH ROCKY POINTE DR. EAST, STE. 200
TAMPA FL 33607 TAMPA FL 33607

2. Principal Place of Business 2202 North West Shore Blvd. Suite, Apt. #, etc. Suite # 200 City & State Tampa Florida Zip 33607	3. Mailing Address 2202 North West Shore Blvd. Suite, Apt. #, etc. Suite # 200 City & State Tampa Florida Zip 33607
Country U.S.A.	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3138757 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EICHOLTZ, KIRK DOYLE
3001 NORTH ROCKY POINTE DR. EAST, STE. 200
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name
Eicholtz, Kirk D.
Street Address (P.O. Box Number is Not Acceptable)
2202 North West Shore Blvd.
Suite 200
City
Tampa FL Zip Code
33607

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 DATE 8-5-02
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Kirk D. Eicholtz 2202 North West Shore Blvd., Suite 200 Tampa Florida 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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

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**

8-5-02

813-639-7583

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

Date

Daytime Phone #

CR2E083 (4/02)