## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 09, 2002 8:00 am Secretary of State DOCUMENT # L01000012105 03-18-2002 90032 002 \*\*\*\*50 00 THE CONNIE III SKYHAWK, LLC Principal Place of Business Malling Address 601 TOMAHAWK TRAIL **601 TOMAHAWK TRAIL** BRANDON FL 33511-8087 BRANDON FL 33511-8087 3. Mailing Address 2. Principal Place of Business Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIESER, CRISTIN C Street Address (P.O. Box Number is Not Acceptable) 777 HARBOUR ISLAND BLVD. TAMPA FL 33602-5730 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 Signature, typed or printed nervie 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 May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. (900) ☐ Change ☐ Addition TITLE MGRM ☐ Delete TITLE NAME NAME JERRY R. DEAN CR2E083 STREET AODRESS STREET ADDRESS 601 TOMAHAWK TRAIL CITY-ST-ZIP CITY-ST-ZIP BRANDON, FL. 33511 ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Celete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De!eta ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ! STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 11. I hereby certify that the information supplied with this [ring 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 each; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. FCB 26,200Z

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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