

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90275 008 \*\*\*\*50.00

**DOCUMENT # L01000012133**

1. Entity Name

**410 ALBANY PARTNERS, L.L.C.**

Principal Place of Business

**2101 WEST PLATT STREET, SUITE 200  
TAMPA FL 33606**

Mailing Address

**2101 WEST PLATT STREET, SUITE 200  
TAMPA FL 33606**

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

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILLS, FREDERICK J ESQUIRE  
MORRISON & MILLS, P.A.  
1200 W. PLATT STREET, SUITE 100  
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name

**KEITH W. KOEHLER, CPA**

Street Address (P.O. Box Number is Not Acceptable)

**KOEHLER & COMPANY, P.A.**

**1611 W. PLATT ST**

City

**TAMPA**

FL

Zip Code

**33606**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retesting)

DATE

**5/1/02**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
**MGRM SOUTH TAMPA LAND GROUP, INC.**  
STREET ADDRESS **2101 WEST PLATT STREET**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
**MGRM WINSLOW VENTURES, L.L.C.**  
STREET ADDRESS **2924 W. WALLCRAFT AVENUE**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ 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**

Date

Daytime Phone #

**April 30 2002**

CR2E083 (9/01)