2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013211

1. Entity Name

AMERICA'S FIRST HOME OF TAMPA, LLC



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90110 005 ****50.00

		<u> </u>		<u> </u>			
Principal Place	e of Business	Mailing Address					
9220 BONITA BEACH ROAD		9220 BONITA BEACH ROAL)				
SUITE 109		SUITE 109	•				
BONITA SPRING	GS FL 34135	BONITA SPRINGS FL 34135	i				h: 44 h: 16 6)
2. Principal P	lace of Business	3. Mailing Address					
							41 1161 1081
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
				E GILON TIERE	II WAKING CITA	114GEO	
City & State		City & State		4. FEI Number 59-373716	1	Ap	olied For
			,	00 0101 10	•	No	Applicable
Zip	Country	Zip	Country	E. Contificate of Status Degine d	□ \$5.0	00 Addi	tional
				5. Certificate of Status Desired		Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New F	egistered Agent	t	
			Name				
	Y, BARRY E	2					
9220 BONITA BEACH ROAD		Street Address		(P.O. Box Number is Not Acceptable	2)		
_	TE 109						
BON	IITA SPRINGS FL 34135		,				
			City		FL	ip Code	
							
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regist	ered agent, or both, in the State of Fk	orida. I am familia	ar with, a	and accept
trie obligati	ions or registered agent.						į
SIGNATURE .		<u> </u>	 				
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature requir	ed when reinstating)	DATE		
		FILE NO	W!!! FEE IS \$50.00				
		I	e to Florida Departm				į
			By May 1, 2003				
	MANAGINIC MEMOE			ADDITIONS	CHANCES		
9.	MANAGING MEMBE	15/MANAGERS	10.	ADDITIONS			
TITLE	MUIN						
	FOEV DANDY E	☐ Delete	TITLE		r.	Change	☐ Addition
NAME CENTER ADDRESS	FREY, BARRY E	☐ Delete	NAME		Ĺ,	Uhange	☐ Addition
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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 AND TYPED OR PRINTED NAME OF

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

4-1502

Daytime Phone

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