

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90020 036 ****50.00

DOCUMENT # L01000014536

1. Entity Name

TARABA PROPERTIES AND INVESMENT, L.L.C.

Principal Place of Business

Mailing Address

1879 KAROLINA AVE.
 WINTER PARK FL 32789

P.O. BOX 560639
 ORLANDO FL 32856

B0048165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1879 Karolina Ave.
 Suite, Apt. #, etc.

P.O. Box 560639
 Suite, Apt. #, etc.

City & State

City & State

Winter Park, FL

Orlando, FL

4. FEI Number

Applied For

59-3743000

Not Applicable

Zip

Country

Zip

Country

32789 - Orange

32856 Orange

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

TERENZIO, ROBERT T
 1917 BOOTHE CIR., SUITE 171
 LONGWOOD FL 32750

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.

SIGNATURE

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGR
TARABA, PAUL
 STREET ADDRESS
1879 KAROLINA AVE.
 CITY-ST-ZIP
WINTER PARK FL 32789

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Paul Taraba

3/7/02 (407) 895-0748

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

Date

Daytime Phone #

CR2E083 (9/01)