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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015659

1. Entity Name

GERBER REALTY CO. #5-401, LLC



Principal Place of Business Mailing Address 7403 BAYSHORE DR 7403 BAYSHORE DR 401 401 TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent مجائلت مصودها المسارات GERBER, DONALD B Street Address (P.O. Box Number is Not Acceptable) 7403 BAYSHORE DR TREASURE ISLAND FL 33706 City 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. I am familiar with, and accept the obligations of registered agent. 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 Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE Delete TITLE Change ■ Addition DONALD, GERBER B NAME NAME STREET ADDRESS STREET ADDRESS 7403 BAYSHORE DR #401 CITY-ST-7/8 CITY-ST-7IP SAINT PETERSBURG FL 33706 TITLE ☐ Delete TITLE Сhange ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: Great Series & Corners & Constant 1/6/03 727-363-8125

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.