

2002-2003  
**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # LD1000015665

1. Entity Name  
THORNTON PARK CONSTRUCTION, L.L.C.



APPROVED  
AND  
FILED  
03 JUN 25 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
506 MARIPOSA STREET  
City & State  
ORLANDO, Florida

Suite, Apt. #, etc.  
P.O. Box 3231  
City & State  
ORLANDO, Florida

Zip  
32801  
Country  
ORANGE

Zip  
32802  
Country  
ORANGE

4. FEI Number  
59-3745756

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
ALBERT V. SEVERINO  
Street Address (P.O. Box Number is Not Acceptable)  
911 N. ORANGE AVE #326

City  
ORLANDO FL Zip Code  
32803

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 AL SEVERINO Mgr. Member

DATE

**FEE IS \$50.00  
Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
Mgr. Member  
NAME  
ALBERT V. SEVERINO  
STREET ADDRESS  
911 N. ORANGE AVE #326  
CITY-ST-ZIP  
ORLANDO, FL 32803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
Mgr. Member  
NAME  
THOMAS M. WELSH  
STREET ADDRESS  
911 N. ORANGE AVE #326  
CITY-ST-ZIP  
ORLANDO FL 32803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

6/9/03 407-835-1273  
Date Daytime Phone #

CR2E083B (12/02)