

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90595 035 \*\*\*\*55.00

**DOCUMENT # L01000016602**

1. Entity Name

**FOUNDATION COMMERCIAL PROPERTIES, LLC**

Principal Place of Business

**400 NORTH TAMPA STREET, SUITE 2300  
C/O JAMES W. GOODWIN  
TAMPA FL 33602**

Mailing Address

**400 NORTH TAMPA STREET, SUITE 2300  
C/O JAMES W. GOODWIN  
TAMPA FL 33602**

**958165**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4620 N. HALE AVE**  
Suite, Apt. #, etc.

3. Mailing Address

**4620 N. HALE AVE**  
Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

4. FEI Number

**59-3749564**

Applied For

Not Applicable

Zip

**33614**

Country

**HILLSBOROUGH**

Zip

**33614**

Country

**HILLSBOROUGH**

5. Certificate of Status Desired ☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GOODWIN, JAMES W  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MGR</b>				
	<b>Shaun Olmsted</b>				
		<b>400 N. Tampa, Street, Suite 2300</b>			
		<b>Tampa, FL 33602</b>			

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

**SHAUN OLMSTED**

**MANAGER**

**4/24/02**

**(813) 874-9990**

Date

Daytime Phone #

CB2E083 (9/01)