2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017818

1. Entity Name

TAVISTOCK INVESTMENTS, L.L.C.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90043 050 ****50.00

													
Principal Plac	e of Business		Mailing Address	ailing Address									
			4805 WEST LAUREL STREET, SUITE 230 TAMPA FL 33607			1 (80)	1851 811 F	(\$4 11 4 11 BB10) \$	1 111 28 111 28 14) (()) (2001)	1 810 1 251	101 (61) (40)	
O Deimoin al D	Place of Business		0 84-90- Address		*								
z. Principal P	race of Business		3. Mailing Address					IAI HAH BAHI B					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State			4. FEI Num	nber	59-37490	118		\rightarrow	plied For t Applicable	
Zip Country			Zip Country			5. Certifica	ate of St	atus Desired		\$5.00 Fee Re			
	6. Name and	Address of Current Re	gistered Agent				7. Name and Address of New Registered Agent						
Pil F	Y, STEVEN P	• • • •		-	··Name - ·	and a man on several or in the contract of	مينيون	**************************************		-			
4805 WEST LAUREL STREET, SUITE 230 TAMPA FL 33607					Street Address (P.O. Box Number is Not Acceptable)								
					City				F	Zip	Code)	
8. The above	named entity sub	omits this statement for th	e purpose of changing its	registered	d office or re	egistered agent, or h	ooth in	the State of F			with	and accept	
	ions of registered		- porpose or straingring to	109.010/02		giotolog agont, or o	30,	o oldio or .	,b,roa, . a	(2,	,	aa aaaap.	
SIGNATURE .													
	Signature, typed or prin	ted name of registered agent and	itle if applicable. (NOTS	: Registered /	Agent signature i	required when reinstating)	r		DATE	<u> </u>			
					EE IS \$50								
			Make Check Payable Due		rida Depai / 1, 2003	rtment of State							
9.		MANAGING MEMBERS	<u> </u>	10.			_	ADDITION	S/CHANG	ES			
TITLE	MGR		☐ Delete	TITLE				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>, , , , , , , , , , , , , , , , , , , </u>	☐ Cha	ange	Addition	
NAME	MELE, MIKE	MGR		NAME						_	-	_	
STREET ADDRESS	2932 W. KNK	GHTS AVE.		STREET	ADDRESS								
CITY-ST-ZIP	TAMPA FL 33	3611		CITY-S	T-ZIP								
TITLE	MGR		☐ Delete	TITLE						Cha	ange	Addition	
NAME	RILEY, STEVE			NAME	}								
STREET ADDRESS		aurel street, suit	TE 230		ADDRESS								
CITY-ST-ZIP	TAMPA FL 33	3607		CITY-S	IT-ZIP	<u> </u>							
TITLE	MGR		> - □ Delete	" TITLE	-	Appendix of the second	•	**		Cha	ange	- Addition	
NAME		EVEN M MGR		NAME		•							
STREET ADDRESS CITY-ST-ZIP	10753 TAVIS			CITY-S	ADDRESS								
- · · · · · · · · · · · · · · · · · · ·	TAMPA FL 33	9020											
TITLE NAME	MGR Voute, Pam	MGB	☐ Delete	TITLE NAME						☐ Cha	มเปร	Addition	
STREET ADDRESS		FORD DRIVE			ADORESS								
CITY-ST-ZIP	TAMPA FL	OIL DINT		CITY-S									
TITLE			Delete	TITLE		-				☐ Cha	ange	Addition	
NAME	ı		LJ Delote	NAME							- 0-		
STREET ADDRESS	1				ADDRESS								
CITY-ST-ZIP				CITY-S	T- Z1P								
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE						☐ Cha	inge	☐ Addition	
name :				NAME							-		
STREET ADDRESS				STREET	ADDRESS								
CITY-ST-ZIP				CITY-S	T-ZIP								
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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. Elevida Statutes.

SIGNATURE:

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

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Daytime Phone #