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FILED
Jul 01, 2002 8:00 am
Secretary of State

05-20-2002 90284 001 ***100.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018993
1. Entity Name
TJUANA FLATS #110, LLC

Principal Place of Business Mailing Address
150 N. SWOOPE AVE. **150 N. SWOOPE AVE.**
MAITLAND FL 32751 **MAITLAND FL 32751**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

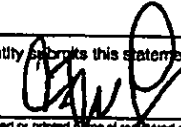


DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3754242** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required ☒

6. Name and Address of Current Registered Agent
HUTCHINS, ROBERT J
400 NORTH WYMORE ROAD
SUITE 110
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
Name **Chester Wheeler**
Street Address (R.O. Box Number (Not Acceptable)) **150 N. SWOOPE AVE**
MAITLAND, FL 32751
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  **CFO** DATE **4/30/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	President / Principal Camp Aitch 8028 Atom Ridge Road Jacksonville FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Principal Brian Wheeler 1500 Hibiscus Ave Winter Park, FL 32792	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Chester Wheeler 150 N. Swoope Ave Maitland, FL 32751	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner / Owner John Underwood 2415 NW 22nd Ave Boca Raton, FL 33431	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

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

Date Daytime Phone #