2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019274

1. Entity Name

THORNY PROPERTIES LLC



FILED Jan 14, 2003 8:00 am Secretary of State

01-14-2003 90037 043 ****50.00

Principal Place of Business		Mailing Address					
700 11TH ST S PH #2 NAPLES FL 34102		700 11TH ST S PH #2 NAPLES FL 34102		20006508			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		00 0101002		Applied For]
Zip	Country	Zip	Country -	5. Certificate of Status Desired	\$5.00 Ad Fee Require	ot Applicable	- -
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered		8 0	↲
SPIEGEL & UTRERA, P.A.			Name				
	0 SW 22ND ST. I Floor		Street Addre	(P.O. Box Number is Not Acceptable)			1
MIA	MI FL 33145		Citu]
			City	F			
SIGNATURE .	SPIEGEL 4 LUTE Signature, typed or printed name of registered agein	CERA P. A nt and title if applicable. (NOTE	Registered Agent signature req	00			1
<u> </u>			By May 1, 2003	ment of State			
9.	MANAGING MEME	ERS/MANAGERS	10.	ADDITIONS/CHANGE			1
TITLE NAME Street Address City-St-Zip	MGR TYRELL, THOMAS H 700 11TH STREET SOUTH, PH NAPLES FL 34102	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	100/07/
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 'CITY-ST-ZIP	and the same of	☐ Change	Addition	1000
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ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
ITLE AME		☐ Delete	TITLE NAME	-	☐ 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

GING MEMBER, MANAGER, OR AUTHOR

☐ Delete

REPRESENTATIVE

V. 6 Jan /03 (239) 1

(234) 430-430

☐ Addition

☐ Change