

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0071183

DOCUMENT # L01000020477

1. Entity Name

ATLANTIS PROPERTY INVESTMENTS, LTD. CO.



FILED

03 APR -2 AM 7:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

13336 NORTH CENTRAL AVENUE
TAMPA FL 33612

Mailing Address

4909 SPRUCE HILL
#400-700
CANTON OH 44718

2. Principal Place of Business

19112 Beckett DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ODessa FL

City & State

Zip

33 556

Country

US.

Country

4. FEI Number

29-4763444

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVERETT, ROBERT J
3341 BEARSS AVE.
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

EVERETT, ROBERT J.

Street Address (P.O. Box Number Is Not Acceptable)

8313 Solano Bay Loop Ste. 1511

City

TAMPA

FL

Zip Code
33635

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

ROBERT J. EVERETT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

March 31, 2003

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DANIELE, JOSEPH F
STREET ADDRESS 13336 NORTH CENTRAL AVENUE
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 19112 Beckett DR.
CITY-ST-ZIP ODessa FL 33556

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

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

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

3-31-2003

Date

813-926-1323

Daytime Phone #

CR2E083 (10/02)