

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0034329

DOCUMENT # L01000020849

1. Entity Name

PARKVIEW OAKS, LLC



FILED

03 APR 30 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
4890 W. KENNEDY BLVD., STE. 850
TAMPA FL 33609

Mailing Address
4890 W. KENNEDY BLVD., STE. 850
TAMPA FL 33609

2. Principal Place of Business
4890 West Kennedy Blvd.
Suite 920
Tampa, FL 33609-1863

3. Mailing Address
4890 West Kennedy Blvd.
Suite 920
Tampa, FL 33609-1863

4. FEI Number 76-6013278
Applied For
Not Applicable

Zip Country US

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

F&L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202-3510

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

500017548815
04/30/03--01028--020 **55.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME THE PARKVIEW 1983 TRUST
STREET ADDRESS 4890 W. KENNEDY BLVD. STE 850
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME The Parkview 1983 Trust ☒ Change ☐ Addition
STREET ADDRESS 4890 W. Kennedy Blvd Ste 920
CITY-ST-ZIP Tampa FL 33609-1863

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

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

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

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:

[Signature]

SIGNATURE REQUIRED Cort Wil Kinson

4/25/03 813-286-4140

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

Date

Daytime Phone #

CR2E083 (10/02)