

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000206

1. Entity Name

CLASSIC TOWNHOMES OF TAMPA BAY, LLC



APPROVED  
AND  
FILED

03 MAR -5 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

8401 JR MANOR DRIVE  
SUITE 100  
TAMPA FL 33634

Mailing Address

8401 JR MANOR DRIVE  
SUITE 100  
TAMPA FL 33634

2. Principal Place of Business

6522 Gunn Hwy  
Suite, Apt. #, etc.

3. Mailing Address

6522 Gunn Hwy  
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

04-3635219

Applied For

Not Applicable

Zip

33625

Country

USA

Zip

33625

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNCH, PAUL R  
101 EAST KENNEDY BLVD.  
SUITE 2800  
TAMPA FL 33602

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**

100013536391  
03/05/03--01014--012 \*\*\$50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 REQUIRED

Andrew L Rogler

2/15/03

813 854 2433

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

Date

Daytime Phone #

CR2E083 (10/02)