

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000003181

FILED
Apr 30, 2003
Secretary of State

Entity Name: TRIPP FAMILY PROPERTIES, L.L.C.

Current Principal Place of Business:

1728 SALEM DRIVE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1728 SALEM DRIVE
ORLANDO, FL 32806

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPP, MACK C
1728 SALEM DRIVE
ORLANDO, FL 32806

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: TRIPP, MACK C
Address: 360 SMITH STREET
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: TRIPP, JO-ANNE
Address: 360 SMITH STREET
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: TRIPP, PAUL W
Address: 10605 COBHAM WOOD COURT
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: TRIPP, TRACEY L
Address: 10605 COBHAM WOOD COURT
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MACK C TRIPP

MGRM

04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date