


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

007632

04-30-2003 90182 042 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT #</b> L02000003327                  |  |
| <b>1. Entity Name</b><br>DULUTH DEVELOPERS, LLC |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>5510 LASALLE ST., STE. 210<br>TAMPA FL 33607 | <b>Mailing Address</b><br>5510 LASALLE ST., STE. 210<br>TAMPA FL 33607 |
|--|--|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |
| City & State                          | City & State              |
| Zip                                   | Country                   |



☐ CHECK HERE IF MAKING CHANGES

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>ALLRED, BRIAN<br>5510 LASALLE ST., STE. 210<br>TAMPA FL 33607 |
|---|

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>58-1394444 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b> |
|--|---------------------------------------|


|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| 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.**

|  |  |      |
|--|--|------|
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title if applicable.  | (NOTE: Registered Agent signature required when reinstating) | DATE |
| <p align="center"><b>FILE NOW!!! FEE IS \$50.00</b><br/> <b>Make Check Payable to Florida Department of State</b><br/> <b>Due By May 1, 2003</b></p> |  |      |

| 9. MANAGING MEMBERS/MANAGERS |                                 | 10. ADDITIONS/CHANGES |  |
|------------------------------|---------------------------------|-----------------------|--|
| TITLE                        | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                         |                                 | NAME                  | Manager  |
| STREET ADDRESS               |                                 | STREET ADDRESS        | Brian Allred   |
| CITY-ST-ZIP                  |                                 | CITY-ST-ZIP           | 5510 W. Lasalle St. Ste. 210   |
|                              |                                 |                       | Tampa, FL 33607  |
| TITLE                        | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                 | NAME                  |  |
| STREET ADDRESS               |                                 | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |                                 | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                 | NAME                  |  |
| STREET ADDRESS               |                                 | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |                                 | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                 | NAME                  |  |
| STREET ADDRESS               |                                 | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |                                 | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                 | NAME                  |  |
| STREET ADDRESS               |                                 | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |                                 | 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.**

|   |                     |                                     |
|---|---------------------|-------------------------------------|
| <b>SIGNATURE:</b>  | <b>DATE</b> 4/28/03 | <b>DAYTIME PHONE #</b> 813-282-3921 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                     |                                     |

CR2E063 (10/02)