

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90032 043 \*\*\*\*50.00

**DOCUMENT # L02000004275**

1. Entity Name

**MORELLI-TMC REAL ESTATE DEVELOPMENT, L.L.C.**



Principal Place of Business

12157 W. LINEBAUGH AVE., STE. #240  
TAMPA FL 33626

Mailing Address

12157 W. LINEBAUGH AVE., STE. #240  
TAMPA FL 33626

**44002272**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

12157 W. Linebaugh Ave

Suite, Apt. #, etc.

Ste 240

3. Mailing Address

Same

Suite, Apt. #, etc.

4. FEI Number

270 025147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MORELLI, PATRICK**  
**16005 PRESTON TRAILWAY**  
**ODESS FL 33556**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

4/10/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
NAME STREET ADDRESS CITY-ST-ZIP  
*Patrick Morelli*  
*(Same) President/CEO*

TITLE NAME ☐ Delete  
NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME STREET ADDRESS CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ 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]* **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)