

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

1/1

01-17-2003 90217 046 ****50.00

DOCUMENT # L02000004973

1. Entity Name

TAMPA GROWTH PROPERTIES, LLC



Principal Place of Business

100 S. ASHLEY DRIVE
SUITE 1650
TAMPA FL 33602

Mailing Address

100 S. ASHLEY DRIVE
SUITE 1650
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3646905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NEWKIRK, THOMAS R
100 S. ASHLEY DRIVE
SUITE 1650
TAMPA FL 33602

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

9. MANAGING MEMBERS/MANAGERS

MANAGING MEMBER ☐ Delete
Thomas R. Newkirk
4943 Bay Way Dr.
Tampa FL 33629

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

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CITY-ST-ZIP

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

Date

Daytime Phone #

1/14/03 (813) 601-1900

CR2E083 (10/02)