

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008324

1. Entity Name

ROLLER PROPERTIES, L.L.C.



Principal Place of Business

Mailing Address

2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 1707

MANASSAS, Va.

USA

4. FEI Number

01-0687271

Applied For

Not Applicable

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

PFLUGNER, J. GEOFFREY
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

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

10. MANAGER ADDITIONS/CHANGES

TITLE Manager
NAME Betty Ann Danna
STREET ADDRESS 8603 Richmond Avenue
CITY-ST-ZIP Manassas, Virginia 22110

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE DONALD PERKINS
NAME CIO ROLLER PROPERTIES, LLC
STREET ADDRESS P.O. BOX 1707
CITY-ST-ZIP MANASSAS, VA 20108-1707

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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: Victoria E. Tharp Victoria E. THARP, VP 2/10/03 703-602-5145

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

Date

Daytime Phone #

FILED
Mar 26, 2003 8:00 am
Secretary of State

02-26-2003 90030 034 ****50.00

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☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)