

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L020000 10290**

1. Entity Name

EASTBROOK REALTY ACQUISITION LTD CO.



FILED

03 APR -2 AM 7:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM



Principal Place of Business

**13336 N. CENTRAL AVE.
TAMPA FL 33612**

Mailing Address

**4909 SPRUCE HILL
#400-700
CANTON OH 44718**

2. Principal Place of Business

19112 Beckett Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ODessa FL

City & State

Zip

33556

Country

Zip

Country

4. FEI Number

29-4763444

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EVERETT, ROBERT J.
13336 N. CENTRAL AVE
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name

EVERETT, ROBERT J.

Street Address (P.O. Box Number is Not Acceptable)

8313 SOLANO BAY LOOP STE. 1511

City

TAMPA

FL

Zip Code

33635

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 **EVERETT, ROBERT J.**

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

(NOTE: Registered Agent signature required when reinstating)

March 31, 2003

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DANIELE, JOSEPH F	
STREET ADDRESS	13336 N. CENTRAL AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19112 Beckett Dr.	
CITY-ST-ZIP	ODessa FL 33556	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600015166856	
CITY-ST-ZIP	04/02/03--01091--004 **55.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

March 31, 2003

Date

813-926-1323

Daytime Phone #

CR2E083 (10/02)